

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2008 8:00 am
Secretary of State

03-27-2008 90025 035 ***150.00

DOCUMENT # P97000092893 1. Entity Name PINNACLE STAFFING, INC.																																																																																															
Principal Place of Business 290 AVENUE A NW WINTER HAVEN FL 33881 US			Mailing Address P.O. BOX 934 WINTER HAVE FL 33882 US																																																																																												
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																													
City & State		City & State		4. FEI Number 59-3476429																																																																																											
Zip		Country		☐ Applied For ☐ Not Applicable																																																																																											
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/07)																																																																																											
5. Name and Address of Current Registered Agent .KINGHAM, MARK R 2538 PARTRIDGE DRIVE WINTER HAVEN FL 33884			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																																																																																												
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Mark R Kingham</i></u> DATE <u><i>3/11/08</i></u> Signature, typed or printed name of registered agent and the corporation. (NOTE: Registered Agent signature required when re-stating)																																																																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">☐ Delete</td> </tr> <tr> <td></td> <td>KINGHAM, MARK R</td> <td>2538 PARTRIDGE DRIVE</td> <td>WINTER HAVEN FL 33884</td> <td></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete		KINGHAM, MARK R	2538 PARTRIDGE DRIVE	WINTER HAVEN FL 33884																																					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition																																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u><i>Mark R Kingham</i></u> DATE <u><i>3/11/08</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																															