## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000094445

Entity Name: EVAN THOMAS PROFESSIONAL STAFFING, INC.

FILED Jan 08, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

201 E KENNEDY BLVD SUITE 705 111 SOUTH ALBANY AVENUE TAMPA, FL 33602

SUITE 101

TAMPA, FL 33606 US

**Current Mailing Address: New Mailing Address:** 

201 E KENNEDY BLVD SUITE 705 111 SOUTH ALBANY AVENUE TAMPA, FL 33602

SUITE

TAMPA, FL 33606 US

BURTON, GLENN M

FEI Number: 59-3476637 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BURTON, GLENN M 201 E. KÉNNEDY BLVD., 10 FLOOR

100 SOUTH ASHLEY ST. TAMPA, FL 33602 SUITE 600 TAMPA, FL 33602

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.

SIGNATURE: 01/08/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition BURTON, GLENN M RATCHFORD, THOMAS L CEO Name: Name:

201 E. KENNEDY BLVD., 10TH FLOOR Address: 111 SOUTH ALBANY AVENUE, SUITE 101 Address:

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33606 US

Title: Title: () Delete (X) Change ( ) Addition

RATCHFORD, TOM Name: Name: RAECKERS, GARY L

201 E KENNEDY BLVD SUITE 705 111 SOUTH ALBANY AVENUE, SUITE 101 Address: Address:

TAMPA, FL 33602 TAMPA, FL 33606 City-St-Zip: City-St-Zip:

(X) Delete Title: Title: () Change () Addition Name:

RATCHFORD, KERRY Name: 201 E KENNEDY BLVD SUITE 705 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L. RATCHFORD 01/08/2004 D