


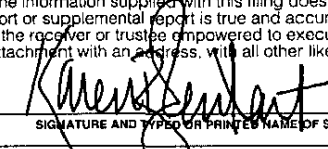
# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90046 050 \*\*\*150.00

<b>DOCUMENT # P98000009448</b> 1. Entity Name <b>KTS STAFFING SERVICES, INC.</b>																										
Principal Place of Business <b>4016 HENDERSON BLVD</b> <b>TAMPA, FL 33629</b>			Mailing Address <b>935 MAIN ST</b> <b>D-1</b> <b>SAFETY HARBOR, FL 34695</b>																							
2. Principal Place of Business <b>1315 S. HOWARD AVE</b> Suite, Apt. #, etc. <b>SUITE 101</b> City & State <b>TAMPA, FL</b>			3. Mailing Address Suite, Apt. #, etc. City & State Zip <b>33606</b> Country <b>USA</b>																							
4. FEI Number <b>59-3500670</b>			Applied For <input type="checkbox"/> Not Applicable																							
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required																							
6. Name and Address of Current Registered Agent  <b>RABB, HARRY H CPA</b> <b>935 MAIN ST SUITE D-1</b> <b>SAFETY HARBOR, FL 34695</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																										
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>PTD REINHART, KAREN B</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>877 EXECUTIVE CENTER DRIVE</b></td> <td></td> </tr> <tr> <td></td> <td><b>ST. PETERSBURG, FL 33702</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	<b>PTD REINHART, KAREN B</b>		CITY-ST-ZIP	<b>877 EXECUTIVE CENTER DRIVE</b>			<b>ST. PETERSBURG, FL 33702</b>		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:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1315 S. HOWARD AVE, STE 101</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>TAMPA, FL 33606</b></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	<b>1315 S. HOWARD AVE, STE 101</b>		CITY-ST-ZIP	<b>TAMPA, FL 33606</b>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:**  \_\_\_\_\_

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_