

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90100 021 ***150.00

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1. Entity Name
KING EMPLOYEE SERVICES, INC.



Principal Place of Business
**4400 N CONGRESS AVE, SUITE 250
WEST PALM BEACH, FL 33407**

Mailing Address
**4400 N CONGRESS AVE, SUITE 250
WEST PALM BEACH, FL 33407**

60005730



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0825610

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OASIS OUTSOURCING
ATTN: TERRY MAYOTTE
4400 NORTH CONGRESS AVENUE, SUITE 250
WEST PALM BEACH, FL 33407**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HANEMANN, CHARLES
STREET ADDRESS	1001 BRICKELL BAY DR 27TH FL
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	MNAYMNCH, SAMI
STREET ADDRESS	1001 BRICKELL BAY DR. 27TH FL
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	TD
NAME	MAYOTTE, TERRY P
STREET ADDRESS	4400 N. CONGRESS AVE 250
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	VASD
NAME	ROSEN, RICK
STREET ADDRESS	1001 BRICKELL BAY DR. 27TH FL
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	MELVIN, STEPHAN M
STREET ADDRESS	4400 NORTH CONGRESS AVE SUITE 250
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: Terry Mayotte 1-10-06 561-227-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #