

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90001 041 ***150.00

DOCUMENT #P98000033445

1. Entity Name
XLNT STAFFING, INC.



Principal Place of Business
**2211 ALFORD WAY
WEST PALM BEACH, FL 33414**

Mailing Address
**2211 ALFORD WAY
WEST PALM BEACH, FL 33414**

54060710



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0827313

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GILL, AMANDA
2211 ALFORD WAY
WEST PALM BEACH, FL 33414**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GILL, AMANDA
2211 ALFORD WAY
WEST PALM BEACH, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 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:

Amanda Gill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/04

Date

561-792-7232

Daytime Phone #

Attachment

54060710

July 1, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom This May Concern:

Enclosed, please find a check for \$150, along with my most sincere apologies that I have somehow overlooked the original notification of a fee being due. I was truly not aware that this was due. This is the first time that this has ever happened, and I respectfully request that you accept the \$150. and waive any late fees due.

The document number is P98000033445 and my EIN # is 65-0827313

Please contact me with any questions.

Sincerely,



Amanda Gill