


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90202 005 ***150.00

DOCUMENT # P98000082845 1. Entity Name STAFF OUTSOURCE SOLUTIONS, INC.					
Principal Place of Business 1800 2ND ST, SUITE 909 SARASOTA, FL 34236			Mailing Address 1800 2ND ST, SUITE 909 SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04212007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 65-0877415	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLFE, RANDOLPH J ESQ. FOLEY & LARDNER 100 N. TAMPA STREET, SUITE 2700 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			Applied For Not Applicable		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRIS, G WAYNE <input checked="" type="checkbox"/> Delete 1800 2ND ST, SUITE 909 SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/D John K. Ritenour <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1855 West State Rd 434 Longwood FL 32750	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D President, Director <input type="checkbox"/> Delete LANZA, KELLY 1800 2ND ST, SUITE 909 SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/D Wesley D. Scovanner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1855 West State Rd 434 Longwood FL 32750	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARKAVY, JONATHAN <input checked="" type="checkbox"/> Delete 1501 WILSON BLVD, SUITE 1110 ARLINGTON, VA 22209		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROGERS, MICHAEL T <input checked="" type="checkbox"/> Delete 45 STATE ST, UNIT 395 MONTPELIER, VT 05601		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Deelya Range</i></u>			4/23/07 9413084767		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		