

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000082845

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: STAFF OUTSOURCE SOLUTIONS, INC.

## Current Principal Place of Business:

353 INTERSTATE BLVD.  
SARASOTA, FL 34230

## New Principal Place of Business:

## Current Mailing Address:

353 INTERSTATE BLVD.  
SARASOTA, FL 34230

## New Mailing Address:

FEI Number: 65-0877415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLFE, RANDOLPH J ESQ.  
FOLEY & LARDNER  
100 N. TAMPA STREET, SUITE 2700  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: RITENOUR, JOHN K  
Address: 1855 WEST STATE RD 434  
City-St-Zip: LONGWOOD, FL 32750

Title: PD ( ) Delete  
Name: LANZA, KELLY  
Address: 1800 2ND ST, SUITE 909  
City-St-Zip: SARASOTA, FL 34236

Title: CFOT ( ) Delete  
Name: SCOVANER, WESLEY D  
Address: 1855 WEST STATE ROAD 434  
City-St-Zip: LONGWOOD, FL 32750

Title: SD ( ) Delete  
Name: SCOVANNER, WESLEY D  
Address: 1855 WEST STATE ROAD 434  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KELLY K LANZA

PD

03/16/2009

Electronic Signature of Signing Officer or Director

Date