

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000094205

1. Entity Name

FLORIDA PERSONNEL SERVICES, INC.



Principal Place of Business

9 DEL PRADO BOULEVARD N
CAPE CORAL FL 33909
US

Mailing Address

9 DEL PRADO BOULEVARD N
CAPE CORAL FL 33909
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0877031

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUSTICE, DONALD
9 DEL PRADO BOULEVARD N
CAPE CORAL FL 33909

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME JUSTICE, DAN K
STREET ADDRESS 9 DEL PRADO BOULEVARD NORTH
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600074149016
CITY-ST-ZIP 05/08/06--01015--011 **300.00

TITLE DS ☐ Delete
NAME JUSTICE, JAMES W
STREET ADDRESS 9 DEL PRADO BOULEVARD N
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PDT ☐ Delete
NAME JUSTICE, DONALD
STREET ADDRESS 9 DEL PRADO BOULEVARD N
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES JUSTICE

1/25/06 239-574-3100

Date Daytime Phone #