

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100467

FILED
Jul 19, 2004
Secretary of State

Entity Name: LUPFER-FRAKES PEO SOLUTIONS, INC.

Current Principal Place of Business:

222 CHURCH STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

222 CHURCH STREET
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3550953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUDFER, SAMUEL L
1794 ADMIRAL CT
KISSIMMEE, FL 34744 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: VSD () Delete
Name: WALLS, RONALD M
Address: 1637 REGAL COVE COURT
City-St-Zip: KISSIMMEE, FL

Title: VD () Delete
Name: BAUKNIGHT, JAMES H
Address: 5600 IRLO BRONSON MEM. HIGHWAY
City-St-Zip: ST. CLOUD, FL

Title: PD () Delete
Name: LUPFER, SAMUEL L
Address: 1794 ADMIRAL COURT
City-St-Zip: KISSIMMEE, FL

Title: VP () Delete
Name: RANDALL, RICHARD J
Address: 1794 ADMIRAL COURT
City-St-Zip: KISSIMMEE, FL

Title: VPCF () Delete
Name: CHRISTIAN, MICHAEL P
Address: 1616 AMY COURT
City-St-Zip: KISSIMMEE, FL 34744

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: VP () Change (X) Addition
Name: ELSEY, MATT L
Address: 101 STARCREST DRIVE
City-St-Zip: CLEARWATER,, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MATT ELSEY

VP

07/19/2004

Electronic Signature of Signing Officer or Director

Date