

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90031 022 ***150.00

DOCUMENT # P98000107748
 1. Entity Name
PERSONET EMPLOYMENT OPTIONS, INC



Principal Place of Business: 33907 US HWY 19 NORTH, PALM HARBOR, FL 34684
 Mailing Address: P.O. BOX 3436, HOLIDAY, FL 34690

04000670

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country



03112004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3548406
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent: RILEY, ROBERT V, 8140 SILVERMIST PLACE, NEW PORT RICHEY, FL 34655
 7. Name and Address of New Registered Agent: Name: Diane Law, Street Address: 3260 W. Hillsborough Avenue, Suite 106, City: Tampa, FL 33614

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: *Diane Law* DATE: 3-11-04

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 NAME: RILEY, ROBERT V STREET ADDRESS: 1310 GULF BLOOD #6F CITY-ST-ZIP: CLEARWATER BEACH, FL 33767	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Diane Law STREET ADDRESS: 3260 W. Hillsborough Avenue, Suite 106 CITY-ST-ZIP: Tampa, Florida 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: *Diane Law* DATE: 3-11-04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #