

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000013577

1. Entity Name
GEORGIA LABOR SOLUTIONS, INC.



Principal Place of Business
205 N SCENIC HWY STE 100
FROSTPROOF, FL 33843

Mailing Address
P.O. BOX 995
FROSTPROOF, FL 33843



05172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3556778

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TROUTMAN, BAXTER G
205 N. SCENIC HWY STE 100
FROSTPROOF, FL 33843

**DO NOT WRITE
IN THIS SPACE**

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 *Baxter G Troutman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5.16.05

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME TROUTMAN, BAXTER G
STREET ADDRESS P O BOX 995 N/A
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE D
NAME TROUTMAN, STUART
STREET ADDRESS 1536 5TH STREET
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE D
NAME MATTESON, BYRON SR
STREET ADDRESS 315 EAST SESSOMS AVENUE
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/20/05-80002-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Baxter G Troutman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.16.05
Date

863 635 6650
Daytime Phone #