


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 30 PM 3:11

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000034473	
1. Entity Name USA EMPLOYEE SERVICES, INC.	

Principal Place of Business 2264 J&C BLVD NAPLES, FL 34109	Mailing Address 2264 J&C BLVD NAPLES, FL 34109
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54020114

03/22/04 90022 037 \$150.00



2. Principal Place of Business 5630 YAHU STREET Suite # 5 NAPLES, FLORIDA 34109	3. Mailing Address 5630 YAHU STREET Suite # 5 NAPLES, FL 34109
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03022004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent HERRIMAN, GLENN 2264 J&C BLVD NAPLES, FL 34109	
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4. FEI Number
59-3451032

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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	5630 YAHU ST.
	Suite # 5
City	NAPLES, FL
Zip Code	34109

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRIMAN, GLENN 2264 J&C BLVD NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5630 YAHU ST. Suite # 5 NAPLES, FL. 34109 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: Glenn Herriman Date: 3-17-04 Daytime Phone #: 239-269-7625