

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000034473

1. Entity Name
USA EMPLOYEE SERVICES, INC.



Principal Place of Business
5630 YAHL STREET
SUITE #5
NAPLES, FL 34109

Mailing Address
5630 YAHL STREET
SUITE #5
NAPLES, FL 34109



01142005 No Chg P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3451032

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HERRIMAN, GLENN
5630 YAHL STREET
SUITE #5
NAPLES, FL 34109

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERRIMAN, GLENN
STREET ADDRESS	5630 YAHL ST, SUITE #5
CITY, ST, ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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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02/05/05-80053-025 150.00

**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)(f), 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 registered agent empowered to execute this report as required by Chapter 667, Florida Statutes, and that my name appears in Block 10 or Block 11 of this document, or on an attachment to this document, with all other duly empowered

SIGNATURE:

Glenn Herriman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-
2-2-05 2697625

Date

Business Phone