


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000061148</b> 1. Entity Name <b>SUPPORT STAFFING, INC.</b>	
---	---

Principal Place of Business <b>406 N.W. 4TH ST. OKEECHOBEE, FL 34972 US</b>	Mailing Address <b>P.O. BOX 759 OKEECHOBEE, FL 34973 US</b>
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0931973</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>HAVERLOCK, FAYE A 309 SW 15TH ST OKEECHOBEE, FL 34974</b>
---

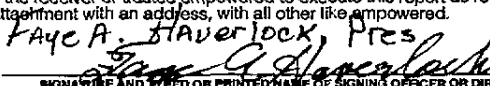
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAVERLOCK, FAYE A 309 SW 15TH ST. OKEECHOBEE, FL 34974
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000058587  
02/23/04-80006-007 158.75

**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: <b>Faye A. Haverlock, Pres</b> 	Date <b>2-18-04</b>	Daytime Phone # <b>863-357-2442</b>