Amended

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

05 JUL 20 AM 11:28

DOCUMENT # P99000103393

1. Entity Name
INTEGRITY EMPLOYEE LEASING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3622 TAMIAMI TRL<br>PORT CHARLOTTE, FL 33952 | 3622 TAMIAMI TRL<br>PORT CHARLOTTE, FL 33952 |

07152005 Chg-P CR2E034 (10/03)

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

4. FEI Number 59-3611544 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| NATOLI, THOMAS J<br>~~23380 JANICE AVENUE, UNIT~~ 3A<br>~~PORT CHARLOTTE, FL 33980~~ | Name NATOLI, THOMAS J<br>Street Address (P.O. Box Number is Not Acceptable) 3622 TAMiami TRAil<br>City Port Charlotte FL Zip Code 33952 |

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 _____ 7-14-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Amended AR is $61.25**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>NATOLI, THOMAS J<br>23380 JANICE AVE #3A<br>PORT CHARLOTTE, FL 33980 | ☐ Delete | PD/CEO<br>NATOLI, THOMAS J<br>2145 HYATT DRIVE<br>Port Charlotte 33952 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CEO<br>NATOLI, THOMAS J<br>33980 JANICE AVE # 3A<br>PORT CHARLOTTE, FL 33980 | ☒ Delete | Treasurer<br>Joanne CampBell<br>21239 DAVISON Ave<br>Port Charlotte FL 33954 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NORRIS, JANICE E<br>9304 U.S. 41 NO.<br>PALMETTO, FL 34221 | ☒ Delete | Secretary<br>Kerry Garcia<br>3740 Goblin Drive<br>North Port FL 34286 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NORRIS, ERNEST P<br>9304 U.S. 41 NO.<br>PALMETTO, FL 34221 | ☒ Delete | 700058044337<br>07/29/05--01047--008 **61.25 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>BOOKWALTER, BRENTNER<br>~~23380 JANICE AVE. #3A~~<br>~~PORT CHARLOTTE, FL 33980~~ | ☐ Delete | 4994 RHAPSODY AVE<br>North Port Fl 34288 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ 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 all other like empowered.

**SIGNATURE:** _____ 7-14-05 941-764-6130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mitchell JUL 20 2005