2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000108503

1. Entity Name

PROFESSIONAL STAFFING, INC.

Principal Place of Business	Mailing Address
2174 KENT AVE CLEARWATER, FL 33764	P.O. BOX 17743 CLEARWATER, FL 33762

05032004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3613486	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCGILL, ROBERT L
2174 KENT AVE.
CLEARWATER, FL 33764

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_____

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

FILE NOW!!! FEE IS $550.00 **Due by September 8, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	000000015 (89) 05/06/04-80047-006 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MCGILL, ROBERT L
STREET ADDRESS	2174 KENT AVE.
CITY-ST-ZIP	CLEARWATER, FL 33764

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	

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: _Robert L. McGill_   5/3/04   727 698-2366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #