


2005-FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90273 032 ***150.00

DOCUMENT # S22068 1. Entity Name WORKERS TEMPORARY STAFFING, INC.					
Principal Place of Business 930 WILLISTON PARK POINT DR. LAKE MARY, FL 32746 US			Mailing Address P.O. BOX 954179 LAKE MARY, FL 32795-4179 US		
2. Principal Place of Business 4035 W. 1st STREET Suite, Apt. #, etc.		3. Mailing Address 4035 W. 1st STREET Suite, Apt. #, etc.			
City & State SANFORD, FL		City & State SANFORD, FL		4. FEI Number 59-3040346	
Zip 32771		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOCTOR, JAMES J 215 N BOLA DR ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name TRACY A. MARSHALL Street Address (P.O. Box Number is Not Acceptable) 301 EAST PINE STREET SUITE 1400 City ORLANDO FL Zip Code 32801		
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 <u><i>Tracy Marshall</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P LANG, MARK <input checked="" type="checkbox"/> Delete 930 WILLISTON PARK POINT DRIVE LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LARRY HABER 111 N. ORANGE AVE., STE. 2000 ORLANDO, FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete LANG, JOSEPH M 930 WILLISTON PARK POINT DRIVE LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KEVIN MUNKOE 111 N. ORANGE AVE., STE 2000 ORLANDO, FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input checked="" type="checkbox"/> Delete STANLEY, MICHAEL A 930 WILLISTON PARK POINT DRIVE LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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	
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 exemptions contained in Chapter 119, 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: <u><i>Tracy Marshall</i></u> 4/26/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>					