FILED
Apr 12, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S37282

1. Entity Name
TEMP TO PERMANENT, INC.

TEMP & PERMANENT PERSONNEL SERVICES

Principal Place of Business	Mailing Address
1000 W. MCNAB ROAD SUITE 110 POMPANO BEACH, FL 33069	1000 W. MCNAB ROAD SUITE 110 POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

03102004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0431425
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KATHRYN CONSOLI
1000 W MCNAB RD
POMPANO BEACH, FL 33069

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: _____ 4/6/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

000000108829
04/12/04-80019-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	CONSOLI, KATHRYN
STREET ADDRESS	7011 NW TURTLE WALK
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	V
NAME	CONSOLI, SAM
STREET ADDRESS	500 SE 9TH AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL 33060
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: _____ 4/4/04 954-781-0263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Main Office: 1000 West McNab Road, Suite 110 • Pompano Beach, FL 33069-4719 • 954-781-0263 • Fax 954-781-0139
EMail: info@ttpinc.com • http://www.ttpinc.com