## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # V25023  1. Entity Name TOTAL EMPLOYMENT COMPANY, INC.							05-02-2007	90090 028 ***1	50.00
Principal Place of Business         Mailing Address           5025 W LEMON ST         5025 W LEMON           SUITE 200         SUITE 200           TAMPA, FL 33609         US           TAMPA, FL 336         TAMPA							Est siii ssiis ilse ii	1 <b>814</b> 11 81812 81811 81811 81811 8	
Principal Place of Business - No P.O. Box #     Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04042007	Chg-P	CR2E034 (12/06	)	
City & State			City & State			4. FEI Number 59-3115	248	\\	Applied For Not Applicable
Zip	Zip Country		Zip	Country		5. Certificate of	f Status Desired	\$8.75 A	
_	6. Name a	and Address of Currer	nt Registered Agent			7. Name and A	ddress of New R	legistered Agent	
		· · · · · · · · · · · · · · · · · · ·			Name				
BEAN, THOMAS J. 5025 W LEMON ST SUITE 200 TAMPA, FL 33609					Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, FL 33609					City FL Zip Code				
			for the purpose of changi	ng its register	ed office or register	red agent, or both	, in the State of Flo	1	n, and accept
	ions of registe	red agent.							
SIGNATURE_	Signature, typed or	r printed name of registered age	ent and title if applicable.	(NOTE: Registers	ed Agent signature required	d when reinstating)		DATE	
		FEE IS \$150.00 Fee will be \$550	9. Election Ca Trust Fund	impaign Finai Contribution.		.00 May Be ded to Fees			
		Fee will be \$550			☐ Add	led to Fees	HANGES TO OFF	ICERS AND DIRECTO	RS IN 11
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Indicated on this report or supplied with his limit does not quality for the evaluations to contained in Chapter 1997, Fronta Statutes. Indicate certain that the mindicated on this report or supplied that I am and accurate and that my signature shall have the same legal effect as if made under oalt; 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. THOMAS J. BEAN, Pres 4-30, 07 813-637-2230
FICER OR DIRECTOR

Date Daytime Phone # SIGNATURE: