


2007 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90044 041 ***158.75

DOCUMENT # V40295	
1. Entity Name BECK & CALL STAFFING, INC.	

Principal Place of Business 4418 CARLYLE RD TAMPA FL 33615	Mailing Address 4418 CARLYLE RD TAMPA FL 33615
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3126979		Applied For								
		Not Applicable								
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required								
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2"> ROSE, LUCILLE 7512 EXTERWAY TAMPA FL 33615 <i>Change address</i> </td> <td colspan="2"> Name ROSE, LUCILLE Street Address (P.O. Box Number is Not Acceptable) 7509 CANAL BLVD TAMPA, FL 33615 City FL Zip Code </td> </tr> </table>			6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		ROSE, LUCILLE 7512 EXTERWAY TAMPA FL 33615 <i>Change address</i>		Name ROSE, LUCILLE Street Address (P.O. Box Number is Not Acceptable) 7509 CANAL BLVD TAMPA, FL 33615 City FL Zip Code	
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ROSE, LUCILLE 7512 EXTERWAY TAMPA FL 33615 <i>Change address</i>		Name ROSE, LUCILLE Street Address (P.O. Box Number is Not Acceptable) 7509 CANAL BLVD TAMPA, FL 33615 City FL Zip Code								

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVTS ROSE, LUCILLE 7509 CANAL BLVD. TAMPA FL 33615-5605 <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: LUCILLE ROSE Director 3-5-07 813-884-7884
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #