

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # V72257

1. Entity Name
STAFF OUTSOURCE SOLUTIONS II, INC.



Principal Place of Business
**1800 2ND ST.
STE 909
SARASOTA, FL 34236 US**

Mailing Address
**1800 2ND ST.
STE 909
SARASOTA, FL 34236 US**



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0360292

Applied For
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

**WOLFE, RANDOLPH J ESQ.
FOLEY & LARDNER
100 N. TAMPA STREET, SUITE 2700
TAMPA, FL 33602**

**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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000299647
04/11/05-80118-002 300.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARRIS, WAYNE G
STREET ADDRESS	1800 2ND ST., STE 909
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	LANZA, KELLY
STREET ADDRESS	1800 2ND ST., STE 909
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	HARKAVY, JONATHAN
STREET ADDRESS	1501 WILSON BLVD., STE 1110
CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	D
NAME	ROGERS, MICHAEL T
STREET ADDRESS	45 STATE ST, UNIT 395
CITY-ST-ZIP	MONTPELIER, VT 05601
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #