

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90202 004 ***150.00

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		
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	4. FEI Number 65-0360292	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLFE, RANDOLPH J ESQ. FOLEY & LARDNER 100 N. TAMPA STREET, SUITE 2700 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ 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, 2007 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	D HARRIS, WAYNE G <input checked="" type="checkbox"/> Delete 1800 2ND ST., STE 909 SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/D John K Ritenour <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1855 West State Rd 434 Longwood FL 32750	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P LANZA, KELLY <input type="checkbox"/> Delete 1800 2ND ST., STE 909 SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO 4/15/D Wesley D. Scovanner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1855 West State Rd 434 Longwood FL 32750	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARKAVY, JONATHAN <input checked="" type="checkbox"/> Delete 1501 WILSON BLVD., STE 1110 ARLINGTON, VA 22209		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROGERS, MICHAEL T <input checked="" type="checkbox"/> Delete 45 STATE ST. UNIT 395 MONTPELIER, VT 05601		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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/23/07 9413084767 <small>Date Daytime Phone #</small>		

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04212007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0360292 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

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