

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V72257

FILED
Apr 22, 2008
Secretary of State

Entity Name: STAFF OUTSOURCE SOLUTIONS II, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

353 INTERSTATE BLVD.
SARASOTA, FL 34230 US

Current Mailing Address:

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

New Mailing Address:

353 INTERSTATE BLVD.
SARASOTA, FL 34230 US

FEI Number: 65-0360292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: RITENOUR, JOHN K
Address: 1855 WEST STATE RD 434
City-St-Zip: LONGWOOD, FL 32750 US

Title: D () Delete
Name: LANZA, KELLY
Address: 1800 2ND ST., STE 909
City-St-Zip: SARASOTA, FL 34236

Title: CFOT () Delete
Name: SCOVANNES, WESLEY D
Address: 1855 WEST STATE RD 434
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WESLEY D SCOVANNER

CFOT

04/22/2008

Electronic Signature of Signing Officer or Director

Date