


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90020 045 ***150.00

DOCUMENT # F99000006098

1. Entity Name
TAMPA BAY STAFFING SOLUTIONS, INC.



Principal Place of Business
**117 SEABOARD LANE
 DOVER CENTRE, BUILDING E
 FRANKLIN, TN 37067**

Mailing Address
**117 SEABOARD LANE
 DOVER CENTRE, BUILDING E
 FRANKLIN, TN 37067**

50033005



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02172005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
62-1797791

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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.

SIGNATURE _____ (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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WHITE, DAVID R <input type="checkbox"/> Delete 117 SEABOARD LANE, BUILDING E FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCREE, SANDRA K <input type="checkbox"/> Delete 117 SEABOARD LANE, BUILDING E FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COYLE; FRANK A <input type="checkbox"/> Delete 113 SEABOARD LANE, STE. A-200 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGHTCAP, JEFFREY <input checked="" type="checkbox"/> Delete 450 LEXINGTON AVE., STE. 3350 NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITMER, W. CARL <input checked="" type="checkbox"/> Delete 117 SEABOARD LANE, BUILDING E FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, PAUL S <input checked="" type="checkbox"/> Delete 450 LEXINGTON AVE., STE. 3350 NEW YORK, NY 10017

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jonathan J. Coslet <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director 117 Seaboard Lane, Bldg E; Franklin, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karen H. Abbott, Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 117 Seaboard Lane, Bldg E Franklin, TN 37067
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"/> Change <input type="checkbox"/> Addition
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 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 *Karen H. Abbott* **Karen H. Abbott** *3/17/05* **615-467-1246**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #