

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90111 001 \*\*\*150.00



**DOCUMENT # P02000080909**  
 1. Entity Name  
**LABOR SOURCE OF PENSACOLA, INC.**

Principal Place of Business  
**43 W. NINE MILE ROAD  
 PENSACOLA FL 32534**

Mailing Address  
**43 W. NINE MILE ROAD  
 PENSACOLA FL 32534**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **47-0880329**  
 Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**610 GEORGE, KAREN E  
 W. NINE MILE RD  
 PENSACOLA FL 32534**

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 re-registering) 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 **\$5.00** May Be  
 Trust Fund Contribution.  **Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PRES**  Delete  
 NAME **610 GEORGE,, KAREN E**  
 STREET ADDRESS **W. NINE MILE ROAD**  
 CITY - ST - ZIP **PENSACOLA FL 32534**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  Delete  
 NAME **new address**  
 STREET ADDRESS **610 W Nine Mile Rd.**  
 CITY - ST - ZIP **Pensacola, FL 32534**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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TITLE  Delete  
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 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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:** *Karen E George*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-31-07*  
 Date

Daytime Phone #