

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000000775 1. Entity Name DDS STAFFING RESOURCES, INC.	
--	---

Principal Place of Business 9755 DOGWOOD RD., STE 200 ROSWELL, GA 30075	Mailing Address 9755 DOGWOOD RD., STE 200 ROSWELL, GA 30075
---	---

DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

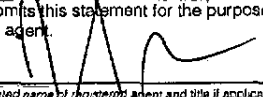
4. FEI Number 58-1567531	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

**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:  Jennifer F. Aultman, Assistant Secretary 08/31/04
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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

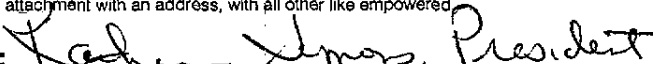
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIMONS, KATHERINE A 350 BUCKINGHAM FOREST CT. ROSWELL, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SIMONS, CRAIG 350 BUCKINGHAM FOREST CT. ROSWELL, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEE, MICHELLE 270 FOX HUNTER DRIVE ALPHARETTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000171602
09/03/04-80003-024 150.00

**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:  Katherine A. Simons, President Sept 1, 2004 770 9987779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Ext 107