

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000003011	
1. Entity Name TEAM RESOURCE OF CENTRAL FLORIDA, INC.	

Principal Place of Business 600 S. ORLANDO AVE SUITE 301 MAITLAND FL 32751	Mailing Address 600 S. ORLANDO AVE SUITE 301 MAITLAND FL 32751
--	--

2. Principal Place of Business	3. Mailing Address
---------------------------------------	---------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
--	--

WEST, PAUL S ESQUIRE 600 S ORLANDO AVE SUITE 301 MAITLAND FL 32751	Name Street Address (P.O. Box Number is Not Acceptable) City
---	--

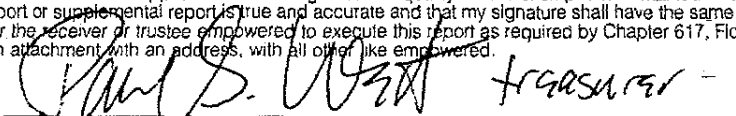
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)	DATE
--	-------------

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTS, TONY 1146 MT BAKER COURT APOPKA FL 32712 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U000000403942 02/06/06-80027-016 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRUTON, STEVEN S 1121 BAYSHORE CIR LONGWOOD FL 32750 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRUTON, GEORGIA 1121 BAYSHORE CIRCLE LONGWOOD FL 32750 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEST, PAUL S 2982 HARBOUR LANDING WAY CASSELBERRY FL 32707 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTCOTT, ROBERT T 3320 ST JAMES AVE DELTONA FL 32738 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OSLIN, DAVE 105-A SPRINGWOOD CIRCLE LONGWOOD FL 32750 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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 617, 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:  **1/18/2006** (407) 331-7511