## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 26, 2006 8:00 am Secretary of State

DOCUMENT # P01000113537  1. Entity Name AMSTAFF HUMAN RESOURCES, INC. VIII						01-26-2006 90039 038 ***150.00				
Principal Place 6723 PLANT PENSACOLA,	ATION RD.	Mailing Address PO BOX 15698 PENSACOLA, FL 32514								
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102006	Chg-P	CR2E03	ı4 (11/05)		
City & State		City & State			4. FEI Number 26-0050708			oplied For		
Zip	Country	Zip	p Country		<u> </u>	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New R		•		
LANDRUM, H. BRITT JR.				Name						
6723 PLAN	NTATION RD. LA, FL 32504	Street Addres			ess (P.O. Box Numb	s (P.O. Box Number is Not Acceptable)				
				City			FL	Zip Cod	e	
SIGNATURE_	Signature, typed or printed name of registered age				quired when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees					
10.		D DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF				
NAME STREET ADDRESS CITY-ST-ZIP				- I				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANDRUM, ELIZABETH N 6723 PLANTATION RD. PENSACOLA, FL 32504	☐ De/ete	TITLE NAMI STRE					Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VP PERKINS, MICHAEL A 6723 PLANTATION RD PENSACOLA, FL 32504	☐ Delete		I .			-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO REMKE, ADRIAN P 6723 PLANTATION RD. PENSACOLA, FL 32504	☐ Defete		E ET ADDRESS -ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		E I	6723 PLANTA	D NDRUM, H. BRITT, III 3 PLANTATION ROAD NSACOLA, FL 32504		☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte		I .		_		☐ Change	Addition	
indicated	certify that the information supplied wood on this report or supplemental report poration or the received in these end, or on an attachment with an arise page.	t is true and accurate and that	t my signa	ture shall have	the same legal effe	ct as if made under	oath: that I a	m an office	r or director	
	1/1////		•			20/06				
SIGNAT	SIGNATURE AND TYPEDO	R PRINTED NAME OF SIGNING OFFICE	Ro Mi	chael A	Perkins, VP	Date	De	ytime Phone #		