

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-26-2006 90039 001 \*\*\*150.00

**DOCUMENT # P01000113604**

1. Entity Name  
**AMSTAFF HUMAN RESOURCES, INC. VII**



Principal Place of Business  
**6723 PLANTATION RD.  
PENSACOLA, FL 32504**

Mailing Address  
**PO BOX 15698  
PENSACOLA, FL 32514**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102006 Chg-P CR2E034 (11/05)

4. FEI Number  
**26-0050705**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANDRUM, H. BRITT JR.  
6723 PLANTATION RD.  
PENSACOLA, FL 32504**

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

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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME LANDRUM, H. BRITT JR.  
STREET ADDRESS 6723 PLANTATION RD.  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE SD ☐ Delete  
NAME LANDRUM, ELIZABETH N  
STREET ADDRESS 6723 PLANTATION RD  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE VP ☐ Delete  
NAME PERKINS, MICHAEL A  
STREET ADDRESS 6723 PLANTATION RD.  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE CFO ☐ Delete  
NAME REMKE, ADRIAN P  
STREET ADDRESS 6723 PLANTATION RD  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VPD  
STREET ADDRESS LANDRUM, H. BRITT, III  
CITY-ST-ZIP 6723 PLANTATION ROAD  
PENSACOLA, FL 32504

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 Chapter 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING C

Michael A. Perkins, VP

Date

Daytime Phone #

7003 1680 0006 4487 9669