

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000083253

Entity Name: BETTER STAF, INC.

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1840 SOUTHSIDE BLVD., SUITE 1A  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

1840 SOUTHSIDE BLVD  
1A  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

1840 SOUTHSIDE BLVD., SUITE 1A  
JACKSONVILLE, FL 32216

**New Mailing Address:**

2527 VIBURNUM CT  
JACKSONVILLE, FL 32246

FEI Number: 27-1049182

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BALLINGER, HUGHEY D DIRECTO  
1840 SOUTHSIDE BLVD., SUITE 1A  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

SCHRAGER, WILLIAM R DIRECTO  
2527 VIBURNUM CT  
JACKSONVILLE, FL 32246 US

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.

SIGNATURE: WILLIAM R. SCHRAGER

02/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SCHRAGER, WILLIAM R  
Address: 2527 VIBURNUM CT  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM R. SCHRAGER

D

02/10/2012

Electronic Signature of Signing Officer or Director

Date