

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004074

FILED
Jul 12, 2004
Secretary of State

Entity Name: CONCORD PERSONNEL SERVICES, INC.

Current Principal Place of Business:

C/O TIME AND PAY-ATTN: LISA REECE
108 N BOONE ST
JOHNSON CITY, TN 37604

New Principal Place of Business:

9737 COGDILL RD.
SUITE 217 BOX 6
KNOXVILLE, TN 37932

Current Mailing Address:

C/O TIME AND PAY-ATTN: LISA REECE
108 N BOONE ST
JOHNSON CITY, TN 37604

New Mailing Address:

9737 COGDILL RD.
SUITE 217 BOX 6
KNOXVILLE, TN 37932

FEI Number: 62-1801040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC
92 SADBERRY RD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDVP () Delete
Name: HAAS, GEOFF S
Address: 9737 COGDILL RD. BOX 6
City-St-Zip: KNOXVILLE, TN 37932

Title: T () Delete
Name: HAAS, GEOFF S
Address: 9737 COGDILL RD., BOX 6
City-St-Zip: KNOXVILLE, TN 37932

Title: VCP (X) Delete
Name: HAAS, PAUL M
Address: 9737 COGDILL RD., BOX 6
City-St-Zip: KNOXVILLE, TN 37932

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SVP (X) Change () Addition
Name: HAAS, GEOFF S
Address: 9737 COGDILL RD. BOX 6
City-St-Zip: KNOXVILLE, TN 37932

Title: CP (X) Change () Addition
Name: HAAS, PAUL M
Address: 9737 COGDILL RD., BOX 6
City-St-Zip: KNOXVILLE, TN 37932

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PAUL M HAAS

CP

07/12/2004

Electronic Signature of Signing Officer or Director

_____ Date