

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90092 006 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P16217

1. Entity Name
ONESOURCE FACILITY SERVICES, INC.



Principal Place of Business
**1600 PARK WOOD CIR
STE 400
ATLANTIC, GA 30339 US**

Mailing Address
**1600 PARK WOOD CIR
STE 400
ATLANTIC, GA 30339 US**



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3083344	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES ST.
STE. 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 NAME STREET ADDRESS CITY-ST-ZIP	CEO JONES, CHERYL C 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XV BINDEMAN, MICHAEL S 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FRIEDLANDER, SCOTT E 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAID, PERRY J 7700 CONGRESS AVENUE, SUITE 3214 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS DOBSON, NAOMI 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCNEESE, JACK L. 1600 PARKWOOD CIRCLE STE 400 ATLANTA, GA 30339

**DO NOT WRITE
IN THIS SPACE**

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 OFFICER OR DIRECTOR

Date

Daytime Phone #

Jack L. McNeese 2/13/06 770 436 9900