

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004074

FILED  
Mar 05, 2008  
Secretary of State

Entity Name: CONCORD PERSONNEL SERVICES, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

9737 COGDILL RD.  
SUITE 217  
KNOXVILLE, TN 37932

## Current Mailing Address:

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

## New Mailing Address:

9737 COGDILL RD.  
SUITE 217  
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.  
5647 110TH AVE. NORTH  
ROYAL PALM BEACH, FL 334110000 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HAAS, GEOFF S  
Address: 9737 COGDILL RD. SUITE 217  
City-St-Zip: KNOXVILLE, TN 37932

Title: VP (X) Change ( ) Addition  
Name: HAAS, PAUL M  
Address: 9737 COGDILL RD., SUITE 217  
City-St-Zip: KNOXVILLE, TN 37932

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GEOFF HAAS

P

03/05/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date