

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 376096

1. Entity Name
PERSONNEL ONE, INC.



Principal Place of Business
**P. O. BOX 144540
CORAL GABLES, FL 33114-4540**

Mailing Address
**1040 CROWN POINTE PKWY
SUITE 1040
ATLANTA, GA 30338 US**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1311691

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	ATVP
NAME	SHAWN, POOLE
STREET ADDRESS	1040 CROWN POINTE PKY STE 1040
CITY- ST- ZIP	ATLANTA, GA 30338
TITLE	ATVS
NAME	PETTYJOHN, STAYTON
STREET ADDRESS	222 W. LAS COLINAS BLVD. #1250
CITY- ST- ZIP	IRVING, TX 75039
TITLE	VPD
NAME	LONG, MICHAEL D
STREET ADDRESS	TWELVE PIEDMONT CENTER SUITE 210
CITY- ST- ZIP	ATLANTA, GA 30305
TITLE	D
NAME	WAHLEN, EDWIN A JR
STREET ADDRESS	TWELVE PIEDMONT CENTER SUITE 210
CITY- ST- ZIP	ATLANTA, GA 30305
TITLE	DAS
NAME	CRAVEY, RICHARD L JR
STREET ADDRESS	TWELVE PIEDMONT CENTER, SUITE 210
CITY- ST- ZIP	ATLANTA, GA 30305
TITLE	PCEO
NAME	BICKES, THOMAS A
STREET ADDRESS	1040 CROWN POINTE PARKWAY
CITY- ST- ZIP	ATLANTA, GA 30338

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01/15/04-80017-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

Doni L. Tidmore 1/13/04 770-671-1900