

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 31, 2006 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**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1311691**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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	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

000000411532  
02/10/06-80010-025 150.00

**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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Doni T. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/6/06*  
DATE