

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90343 046 \*\*\*158.75

**DOCUMENT # 493546**

1. Entity Name

**TEAM RESOURCES, INC.**



Principal Place of Business

202 20TH AVE N  
JACKSONVILLE FL 32250  
US

Mailing Address

202 20TH AVE N  
JACKSONVILLE FL 32250  
US

20048655



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1642810

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

MCIVOR, DORTHY  
830 SOUTH THIRD ST  
STE 104  
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent

Name

Mark C. Kernan

Street Address (P.O. Box Number is Not Acceptable)

202 20th Avenue N.

City

Jacksonville Beach FL

Zip Code

32250

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]*

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PST ☒ Delete  
NAME MCIVOR, DORTHY  
STREET ADDRESS 202 20TH AVE. N  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE V ☐ Delete  
NAME KERNAN, MARK C  
STREET ADDRESS 14550 MARSHVIEW DR.  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE S ☐ Delete  
NAME MCIVOR, TAMMY  
STREET ADDRESS 202 20TH AVE N.  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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]* **McIvor Tammy McIvor manager**

Date

Daytime Phone #

4/12/05 904-237-3455