


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90010 016 ***558.75

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1. Entity Name
HOBBS STAFFING SERVICES, INC.
d/b/a USA Staffing



Principal Place of Business
307 SOUTH SWING ROAD
GREENSBORO, NC 27409

Mailing Address
307 SOUTH SWING ROAD
GREENSBORO, NC 27409

54062835



2. Principal Place of Business
same

3. Mailing Address
same

Suite, Apt. #, etc.

07072004 Chg-P CR2E034 (10/03)

City & State

Zip Country

4. FEI Number
62-1236734

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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	SD GRIFFIN, MARK F 307 SOUTH SWING ROAD GREENSBORO, NC 27409 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HARRISON, BRUCE G 307 SOUTH SWING ROAD GREENSBORO, NC 27409 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD MCDANIEL, WILLIAM R 307 SOUTH SWING ROAD GREENSBORO, NC 27409 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARRISON, BRUCE G 307 SOUTH SWING ROAD GREENSBORO, NC 27409 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bruce Gregory Harrison 307 South Swing Road Greensboro, NC 27409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Operating Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William Ray McDaniel 307 South Swing Road Greensboro, NC 27409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Counsel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mark F. Griffin 307 South Swing Road Greensboro, NC 27409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mark F. Griffin General Counsel 07-13-04 336-547-8311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #