

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90010 020 ***150.00

DOCUMENT # F02000003803

1. Entity Name
TEAMWORK SERVICES, INC.



Principal Place of Business Mailing Address
700 710 GLOUCESTER STREET, SUITE A 101 700 710 GLOUCESTER STREET, SUITE A 101
BRUNSWICK, GA 31520 BRUNSWICK, GA 31520

94005620

2. Principal Place of Business 3. Mailing Address
700 Gloucester Street 700 Gloucester Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 101 Suite 101
City & State City & State
Brunswick, GA Brunswick, GA
Zip Country Zip Country
31520 US 31520 US



01212004 Chg-P CR2E034 (10/03)

4. FEI Number 58-1863048 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BELL, GREG J
709 ALTON ROAD
STARKE, FL 32091

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: GREGORY J. BELL 1-21-4
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 P
NAME BELL, GREGORY J ☐ Delete
STREET ADDRESS 710 GLOUCESTER STREET, SUITE A
CITY-ST-ZIP BRUNSWICK, GA 31520

TITLE V
NAME MORRIS, PAMELA ☒ Delete
STREET ADDRESS 710 GLOUCESTER STREET, SUITE A
CITY-ST-ZIP BRUNSWICK, GA 31520

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME Gregory J. Bell
STREET ADDRESS 700 Gloucester Street, Suite 101
CITY-ST-ZIP Brunswick, GA 31520

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

TITLE Sec ☐ Change ☒ Addition
NAME Karen L. Bell
STREET ADDRESS 260 St. Andrews
CITY-ST-ZIP St. Simons Island, GA 31522

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

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

TITLE
NAME ☐ Change ☐ Addition
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 an other like empowered.

SIGNATURE: GREGORY J. BELL 1-21-4 912 265-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #