2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000003803

FILED Apr 13, 2005 8:00 am Secretary of State

04-13-2005 90064 032 ***150.00

1. Entity Name TEAMWORK SERVICES, INC.			S Mary						
Principal Place of Business		Mailing Address							
700 GLOUCESTER STREET		700 GLOUCESTER STREET		20032169					
SUITE 101		SUITE 101			~000	~100			
BRUNSWICK, GA 31520		BRUNSWICK, GA 31520							
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address						
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,,,,,,,		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03242005	Chg-P	CR2E034 (10/03)			
						<u>`</u>			
City & State		City & State		4. FEI Number		. —	oplied For		
		7-		- · ·	58-1863	048		ot Applicable	
Zip Country Z		Zip Country			5. Certificate of	f Status Desired	S8.75 Add		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
o. Hanne and Address of Cultett neglistered Agent				Name					
BELL, GREG J									
709 ALTON ROAD			8	Street Address (I	P.O. Box Number	is Not Acceptabl	le)		
STARKE, FL 32091							*		
•									
				City		•	FL Zip Coo	е	
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 a							and accept		
the obligations of register of agent									
Correct Day 3/245									
SIGNATURE: Signatury, typed or provided name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
1 1/4		11012	riegiaid-eu rig	on algorization required	enter carsas gy				
	E NOW!!! FEE IS \$150.00	gn Financin	a \$5	00 May Be	.				
	ay 1, 2005 Fee will be \$550.0	ribution.		ed to Fees					
10.	OFFICERS AND	DIRECTORS	1		A DEDITION OF	LANGER TO GE	CIOCCO ALID DIDECTOR	0 10 14	
TITLE			11.		ADDITIONS/C	MANGES TO OFF	FICERS AND DIRECTOR		
NAME			TITLE Name	1			☐ Change	☐ Addition	
STREET ADDRESS			STREET A	NODECC					
CITY-ST-ZIP	· ·			ZIP "					
			_						
TITLE NAME			TITLE				☐ Change	☐ Addition	
STREET ADDRESS			NAME	noncee					
CITY-ST-ZIP			STREET A					ì	
Vice-Dresident			-						
NAME Kelly M. Crews			IITLE		•		- Change	Addition	
Allegander Street Ste 101			name Street a	noncee				1	
CITY-ST-ZIP				1					
	vice President	Пол	CITY-ST-						
TITLE NAME	Toni Bla Kney	☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS	man Clare Clare City and New 101		NAME Street a	INDRESS					
CITY-ST-ZIP	Brunswick, GA 31520		CITY-ST-						
	scenetary .								
TITLE	Andrea & Branch	☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	Andrea B. Branch 700 Gloucester Street	Stc.101	NAME Street a	nnecee			-	•	
ATTICL POPULCOS	Rhinswey GA 315:		SINEELA	7IP					

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 supplied report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or there empowered because 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 of the empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

LULTÉ

STREET ADDRESS

CITY-ST-ZIP

NAME

NATURE AND TYPED OR PRINGED NAME OF SUSHING OFFICER OR BRECTOR /

Delete

3-24-5 9/2-265-850

Addition