2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000004726

1. Entity Name
MAX STAF, INC.

Principal Place of Business	Mailing Address
225 BROAD STREET, SUITE 200 GADSDEN, AL 35901	225 BROAD STREET, SUITE 200 GADSDEN, AL 35901

DO NOT WRITE IN THIS SPACE

01062004   No Chg-P   CR2E034 (10/03)

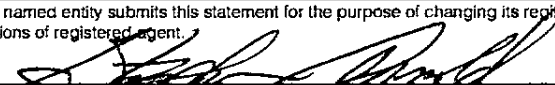| **4.** FEI Number	Applied For
72-1342485	Not Applicable

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

6. Name and Address of Current Registered Agent

ARNOLD, STEPHEN
741 NORTH COMBEE ROAD
LAKELAND, FL 33801-3055

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 if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE 3/8/04
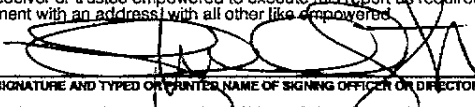
FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000082907
03/09/04-80024-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STINSON, BONNIE
STREET ADDRESS	136 RIDGEWAY
CITY-ST-ZIP	GADSDEN, AL 35901
TITLE	CDV
NAME	STINSON, MAX
STREET ADDRESS	136 RIDGEWAY
CITY-ST-ZIP	GADSDEN, AL 35901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000082907
03/09/04-80024-009 8.75

DO NOT WRITE IN THIS SPACE

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: _____   3/8/04   256549 0690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #