

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003434

FILED
Aug 08, 2005
Secretary of State

Entity Name: TEAM IN FOCUS, INCORPORATED

Current Principal Place of Business:

6851 DISTRIBUTION AVE. SOUTH
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

6851 DISTRIBUTION AVE. SOUTH
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 04-0197707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRONE, ANTHONY
6851 DISTRIBUTION AVE. SOUTH
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

GAWIN, LAURIE A
6851 DISTRIBUTION AVE. SOUTH
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: LAURIE A. GAWIN

08/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BRINDLEY, DON
Address: 6851 DISTRIBUTION AVE. SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: PERRONE, ANTHONY
Address: 6851 DISTRIBUTION AVE. SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: RAINSBURGER, BRENDA
Address: 6851 DISTRIBUTION AVE. SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: ANDREWS, POLLY
Address: 6851 DISTRIBUTION AVE. SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: P () Delete
Name: RAINSBURGER, TODD
Address: 6851 DISTRIBUTION AVE. SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: V (X) Delete
Name: ANDREWS, ANDY
Address: 6851 DISTRIBUTION AVE. SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: ANDREWS, ANDY
Address: 6851 DISTRIBUTION AVE. SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
Name: GAWIN, LAURIE A
Address: 6851 DISTRIBUTION AVE. SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE A. GAWIN

D

08/08/2005

Electronic Signature of Signing Officer or Director

Date