

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005146

FILED  
Mar 22, 2011  
Secretary of State

**Entity Name:** STAFFING SOLUTIONS SOUTHEAST, INC.

**Current Principal Place of Business:**

1040 CROWN POINTE PARKWAY SUITE 1040  
ATLANTA, GA 30338

**New Principal Place of Business:**

**Current Mailing Address:**

1040 CROWN POINTE PARKWAY SUITE 1040  
ATLANTA, GA 30338

**New Mailing Address:**

**FEI Number:** 58-2575338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SECR  
Name: GREENBAUM, SHARON  
Address: 1040 CROWN POINTE PARKWAY SUITE 1040  
City-St-Zip: ATLANTA, GA 30338

Title: TREA  
Name: MCDERMOTT, DONI L  
Address: 1040 CROWN POINTE PKWY SUITE 1040  
City-St-Zip: ATLANTA, GA 30338

Title: VP  
Name: KIRBY, CRAIG  
Address: 320 N. CEDAR BLUFF ROAD #300  
City-St-Zip: KNOXVILLE, TN 37923

Title: PRES  
Name: BICKES, THOMAS A  
Address: 1040 CROWN POINTE PARKWAY SUITE 1040  
City-St-Zip: ATLANTA, GA 30338

Title: VPRE  
Name: POOLE, SHAWN W  
Address: 1040 CROWN POINTE PARKWAY SUITE 1040  
City-St-Zip: ATLANTA, GA 30338

I hereby 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 all other like empowered.

SIGNATURE: SHARON GREENBAUM

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03/22/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date