

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005186

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** AXIOM STAFFING GROUP INC.

**Current Principal Place of Business:**

4600 TOUCHTON ROAD  
BLDG. 100, STE 150  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

4600 TOUCHTON ROAD EAST  
BLDG. 100, STE 150  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

11660 ALPHARETTA HWY. STE 760  
ROSWELL, GA 30076

**New Mailing Address:**

11660 ALPHARETTA HWY.  
SUITE 760  
ROSWELL, GA 30076

**FEI Number:** 58-2449544

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAY, ARCHIBALD B III  
3605 HARBOR DRIVE  
ST AUGUSTINE, FL 32084 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: D  
Name: SCHEIBLIN, KATHRYN  
Address: 1421 ASHFORD PLACE NE  
City-St-Zip: ATLANTA, GA 30319

Title: P  
Name: WASHBURNE, JOHN C  
Address: 704 BRICKWOOD LANE  
City-St-Zip: ALPHARETTA, GA 30004

Title: S  
Name: KAY, ARCHIBALD B III  
Address: 508 RESTON MILL LANE  
City-St-Zip: MARIETTA, GA 30067

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: KATHRYN SCHEIBLIN

D

03/17/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date