

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90027 033 \*\*\*150.00

**DOCUMENT # F95000005181**

1. Entity Name  
ENCADRIA STAFFING SOLUTIONS, INC.



Principal Place of Business  
133 PEACHTREE ST., NE  
ATLANTA, GA 30303

Mailing Address  
133 PEACHTREE ST., NE  
ATLANTA, GA 30303

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
58-1684852

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CORRELL, A.D.
STREET ADDRESS	133 PEACHTREE ST., NE
CITY - ST - ZIP	ATLANTA, GA 30303
TITLE	DCFO
NAME	HUFF, DANNY
STREET ADDRESS	133 PEACHTREE ST., NE
CITY - ST - ZIP	ATLANTA, GA 30303
TITLE	DP
NAME	BARNARD, PATRICIA A
STREET ADDRESS	133 PEACHTREE STREET NE
CITY - ST - ZIP	ATLANTA, GA 30303
TITLE	V
NAME	KELLEY, JAMES F
STREET ADDRESS	133 PEACHTREE ST., NE
CITY - ST - ZIP	ATLANTA, GA 30303
TITLE	V
NAME	MAMRACK, WILLIAM A
STREET ADDRESS	55 PARK PLACE
CITY - ST - ZIP	ATLANTA, GA 30303
TITLE	S
NAME	KHOURY, KENNETH F
STREET ADDRESS	133 PEACHTREE ST., NE
CITY - ST - ZIP	ATLANTA, GA 30303

**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: *Patricia A. Barnard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-04

Date

Daytime Phone #