

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90132 017 ***150.00

DOCUMENT # F99000000278

1. Entity Name
TEAMSTAFF SOLUTIONS, INC.



Principal Place of Business
**300 ATRIUM DRIVE
SOMERSET, NJ 08873**

Mailing Address
**300 ATRIUM DRIVE
SOMERSET, NJ 08873**

40017334



02232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2878077

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
SMITH, T. KENT
300 ATRIUM DR.
SOMERSET, NJ 08873**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
HOUSTON, JAMES
300 ATRIUM DRIVE
SOMERSET, NJ 08873**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
FILIPPELLI, RICK
300 ATRIUM DRIVE
SOMERSET, NJ 08873**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CC
PRESUTO, CHERYL
300 ATRIUM DRIVE
SOMERSET, NJ 08873**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/06 732-746-1700