

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90052 029 \*\*\*150.00

**DOCUMENT # G67845**

1. Entity Name  
AMSTAFF HUMAN RESOURCES, INC. I



Principal Place of Business  
6723 PLANTATION RD.  
PENSACOLA, FL 32504 US

Mailing Address  
PO BOX 15698  
PENSACOLA, FL 32514 US

40018022



01052005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-2345956

Applied For  
Not Applicable

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

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
LANDRUM, H. BRITT  
6723 PLANTATION RD.  
PENSACOLA, FL 32504

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANDRUM, H. BRITT JR.			NAME			
STREET ADDRESS	6723 PLANTATION RD.			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32504			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANDRUM, ELIZABETH N			NAME			
STREET ADDRESS	6723 PLANTATION ROAD			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32504			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERKINS, MICHAEL A			NAME			
STREET ADDRESS	6723 PLANTATION ROAD			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32504			CITY-ST-ZIP			
TITLE	CFO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REMKE, ADRIAN P			NAME			
STREET ADDRESS	6723 PLANTATION ROAD			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 325040			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Michael A Perkins V.P. 1-25-05 (850) 477-7022  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

Michael A Perkins