

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H03536

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: ACCORD HUMAN RESOURCES OF FLORIDA III, INC.

**Current Principal Place of Business:**

410 WARE BLVD  
SUITE 716  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

210 PARK AVENUE  
SUITE 1200  
OKLAHOMA CITY, OK 73102

**New Mailing Address:**

FEI Number: 59-2410898      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JONES, JOHN L  
410 WARE BLVD  
SUITE 716  
TAMPA, FL 33619 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: JONES, JOHN L  
Address: 410 WARE BLVD., STE. 716  
City-St-Zip: TAMPA, FL 33619

Title: CEO ( ) Delete  
Name: HAGEMAN, DALE  
Address: 210 PARK AVE., STE. 1200  
City-St-Zip: OKLAHOMA CITY, OK 73102

Title: D ( ) Delete  
Name: CIVELLO, PETER J  
Address: 6203 STONE ARABIA ROAD  
City-St-Zip: CICERO, NY 13039

Title: D ( ) Delete  
Name: PRICE, FORD C JR  
Address: 210 PARK AVE., STE 1200  
City-St-Zip: OKLAHOMA CITY, OK 73102

Title: AS ( ) Delete  
Name: YANDA, KAYLA  
Address: 210 PARK AVENUE, SUITE 1200  
City-St-Zip: OKLAHOMA CITY, OK 73102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KAYLA YANDA

AS

01/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date