

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90156 035 ****50.00

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03302005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000028430 1. Entity Name HIGH IMPACT STAFFING, LLC					
Principal Place of Business 136 LONG POINTE DR. MARY ESTHER, FL 32569			Mailing Address 136 LONG POINTE DR. MARY ESTHER, FL 32569		
2. Principal Place of Business 2305 Tally Ln <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2305 Tally Ln <small>Suite, Apt. #, etc.</small>			
City & State Navarre FL <small>Zip</small> 32566 <small>Country</small> USA		City & State Navarre FL <small>Zip</small> 32566 <small>Country</small> USA		4. FEI Number 04-3770907	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HATFIELD, BRIAN 136 LONG POINTE DR. MARY ESTHER, FL 32569			7. Name and Address of New Registered Agent Name Hatfield Brian Street Address (P.O. Box Number is Not Acceptable) 2305 Tally Ln City Navarre FL <small>Zip Code</small> 32566		
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 <i>Gemma Hatfield</i> Gemma Hatfield 3/30/05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HATFIELD, BRIAN C/O 136 LONG POINTE DR. MARY ESTHER, FL 32569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hatfield, Brian 2305 Tally Ln Navarre FL 32566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HATFIELD, GEMMA C/O 136 LONG POINTE DR. MARY ESTHER, FL 32569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hatfield, Gemma 2305 Tally Ln Navarre FL 32566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Gemma Hatfield</i> Gemma Hatfield 3/30/05 850 926 7788 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					