

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012617

FILED
Jan 03, 2008
Secretary of State

Entity Name: RESOURCE PERSONNEL, INC.

Current Principal Place of Business:

602 COURTLAND STREET
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

602 COURTLAND STREET
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 20-8040875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIMBLE, TAMARA L
111 N. ORLANDO AVE
WINTER PARK, FL 32789 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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HENDERSCHIEDT, ROBERT
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: PD () Delete
Name: FETTERS, MICHELLE
Address: 602 COURTLAND STREET - SUITE 200
City-St-Zip: ORLANDO, FL 32804

Title: TSD () Delete
Name: EVANS, THOMAS
Address: 3978 MEMORIAL DRIVE
City-St-Zip: DECATUR, GA 30032

Title: AS () Delete
Name: DE PRADA, ARIEL
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: SCHULTZ, MICHAEL
Address: 2400 BEDFORD ROAD
City-St-Zip: ORLANDO, FL 32803

Title: AS () Delete
Name: BLOCK, MARK
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: AS (X) Change () Addition
Name: ADDISCOTT, LYNN
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

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 exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARIEL DE PRADA

AS

01/03/2008

Electronic Signature of Signing Officer or Director

Date