

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000130

Entity Name: HALIFAX STAFFING, INC.

FILED
Jan 21, 2004
Secretary of State**Current Principal Place of Business:**303 N CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114 US**New Principal Place of Business:****Current Mailing Address:**303 N CLYDE MORRIS BLVD
ATTN: GENERAL COUNSEL
DAYTONA BEACH, FL 32114 US**New Mailing Address:**

FEI Number: 59-3222299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:DAVIDSON, DAVID J
303 N CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114 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: D () Delete
Name: CLOAR, VIVI
Address: 360 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 USTitle: D () Delete
Name: HOLNESS, BETTY
Address: 21 SPRING MEADOW DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 USTitle: V/D () Delete
Name: RITCHEY, GLENN C
Address: 551 N.NOVA ROAD
City-St-Zip: DAYTONA BEACH, FL 32114 USTitle: S/D () Delete
Name: QUINN, DON
Address: 211 N. RIDGEWOOD AVE., STE. 303
City-St-Zip: DAYTONA BEACH, FL 32114 USTitle: C/D () Delete
Name: HALL, NORA
Address: 1316 OVERBROOK DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 USTitle: D () Delete
Name: KENNEDY, BRUCE M.D.
Address: 411 LAKE BRIDGE PLAZA DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: V/D (X) Change () Addition
Name: CLOAR, VIVI
Address: 360 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: C/D (X) Change () Addition
Name: RITCHEY, GLENN C
Address: 551 N.NOVA ROAD
City-St-Zip: DAYTONA BEACH, FL 32114 USTitle: S/D (X) Change () Addition
Name: QUINN, DON
Address: 200 EAST GRANADA BLVD., SUITE 208
City-St-Zip: ORMOND BEACH, FL 32174 USTitle: D (X) Change () Addition
Name: HALL, NORA
Address: 46 RIVER RIDGE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 USTitle: T/D (X) Change () Addition
Name: KENNEDY, BRUCE M.D.
Address: 411 LAKE BRIDGE PLAZA DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US

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

SIGNATURE: GLENN RITCHEY

C/D

01/21/2004

Electronic Signature of Signing Officer or Director

Date