

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000130

Entity Name: HALIFAX STAFFING, INC.

FILED  
Feb 07, 2005  
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: V/D ( ) Delete  
Name: CLOAR, VIVI  
Address: 360 JOHN ANDERSON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: D ( ) Delete  
Name: HOLNESS, BETTY  
Address: 21 SPRING MEADOW DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: C/D ( ) Delete  
Name: RITCHEY, GLENN C  
Address: 551 N.NOVA ROAD  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: S/D ( ) Delete  
Name: QUINN, DON  
Address: 200 EAST GRANADA BLVD., SUITE 208  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D ( ) Delete  
Name: HALL, NORA  
Address: 46 RIVER RIDGE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174 US

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

Title: S/D (X) Change ( ) Addition  
Name: HOLNESS, BETTY  
Address: 21 SPRING MEADOW DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174 US

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

Title: D (X) Change ( ) Addition  
Name: QUINN, DON  
Address: 555 W. GRANADA BLVD., STE. B5  
City-St-Zip: ORMOND BEACH, FL 32174 US

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 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

02/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date