


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90120 037 \*\*\*\*61.25

<b>DOCUMENT # N94000000130</b>					
<b>1. Entity Name</b> HALIFAX STAFFING, INC.					
<b>Principal Place of Business</b> 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114    US			<b>Mailing Address</b> 303 N CLYDE MORRIS BLVD ATTN: GENERAL COUNSEL DAYTONA BEACH, FL 32114    US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3222299	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DAVIDSON, DAVID J 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114			Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <input type="checkbox"/> Delete CLOAR, VIVI 360 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <input type="checkbox"/> Delete HOLNESS, BETTY 21 SPRING MEADOW DRIVE ORMOND BEACH, FL 32174		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>G/D</b> <input type="checkbox"/> Delete RITCHEY, GLENN C 551 N.NOVA ROAD DAYTONA BEACH, FL 32114		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete QUINN, DON 555 W. GRANADA BLVD., STE. B5 ORMOND BEACH, FL 32174		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hosseini, Mori 2359 Beville Road Daytona Beach, FL 32119	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete HALL, NORA 46 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <input type="checkbox"/> Delete KENNEDY, BRUCE M.D. 411 LAKE BRIDGE PLAZA DRIVE ORMOND BEACH, FL 32174		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Mori Hosseini    3/24/6    386-322-4769 <small>Date    Daytime Phone #</small>		