

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90046 021 ****61.25

DOCUMENT # N94000000130					
1. Entity Name HALIFAX STAFFING, INC.					
Principal Place of Business 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114 US			Mailing Address 303 N CLYDE MORRIS BLVD ATTN: GENERAL COUNSEL DAYTONA BEACH, FL 32114 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02262008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3222299	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIDSON, DAVID J 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME CLOAR, VIVI <input type="checkbox"/> Delete		TITLE D	NAME Quinn, Don <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 360 JOHN ANDERSON DRIVE	CITY-ST-ZIP ORMOND BEACH, FL 32176		STREET ADDRESS 1057 Mason Avenue	CITY-ST-ZIP Daytona Beach, FL 32114	
TITLE D	NAME HOLNESS, BETTY <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 21 SPRING MEADOW DRIVE	CITY-ST-ZIP ORMOND BEACH, FL 32174		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME RITCHEY, GLENN C <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 551 N.NOVA ROAD	CITY-ST-ZIP DAYTONA BEACH, FL 32114		STREET ADDRESS 444 Seabreeze Blvd., Ste. 700	CITY-ST-ZIP 32118	
TITLE CD	NAME HOSSEINI, MORI <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 2359 BEVILLE RD	CITY-ST-ZIP DAYTONA BEACH, FL 32119		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SD	NAME HALL, NORA <input checked="" type="checkbox"/> Delete		TITLE D.	NAME Lansberry, Blaine <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 46 RIVER RIDGE TRAIL	CITY-ST-ZIP ORMOND BEACH, FL 32174		STREET ADDRESS 2001 S. Atlantic Avenue	CITY-ST-ZIP Daytona Beach Shores, FL 32118	
TITLE T/D	NAME KENNEDY, BRUCE M.D. <input checked="" type="checkbox"/> Delete		TITLE T	NAME Carbiener, Pam. M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 411 LAKE BRIDGE PLAZA DRIVE	CITY-ST-ZIP ORMOND BEACH, FL 32174		STREET ADDRESS 1890 LPGA Blvd. Ste. 160	CITY-ST-ZIP Daytona Beach, FL 32117	
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.					
SIGNATURE: Mori Hosseini 4/17/8 (386) 254-4000					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					