## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 27, 2005 8:00 am Secretary of State

| DOCUMENT # P01000069135  1. Entity Name MODIS PROFESSIONAL SERVICES, INC.   |   |  |  |  |   |                       |                         | 04-27-2005 9           | 0336 050                 | ) ***150.                   | .00  |
|---|---|--|--|--|---|-----------------------|-------------------------|------------------------|--------------------------|-----------------------------|--|
| Principal Place of Business  1 INDEPENDENT DRIVE JACKSONVILLE, FL 32202   |   |  | Mailing Address  1 INDEPENDENT DRIVI JACKSONVILLE, FL 32   | <u> </u>   |   |                       |                         |                        |                          |                             |  |
| 2. Principal Place of Business  |   |  | 3. Mailing Address   |  |   |                       |                         |                        |                          |                             |  |
| Suite, Apt. #, etc.   |   |  | Suite, Apt. #, etc.  |  |   |                       | 04182005                | Chg-P                  | CR2E0                    | 34 (10/03)                  |  |
| City & State  |   |  | City & State   |  |   | 4. FEI Number 59-3730 |                         |                        |                          | oplied For<br>ot Applicable |  |
| Zip   | Zip Country   |  | Zip Count  |  | ntry  |                       | 5. Certificate of       |                        | \$8.75 Add<br>ee Require |                             |  |
| 6. Name and Address of Current F  |   |  | Registered Agent   |  |   |                       | 7. Name and             | Address of New R       | egistered A              | gent                        |  |
| i i   |   |  |  |  | _Name   |                       |                         |                        |                          |                             |  |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525   |   |  |  |  | Street Address (P.O. Box Number is Not Acceptable)  |                       |                         |                        |                          |                             |  |
| 1712231171  | 0022,12 02001   | LULU   |  |  |   |                       |                         |                        |                          |                             |  |
|   |   |  |  |  | City  |                       |                         |                        | FL                       | Zip Cod                     | e  |
|   | named entity submits<br>tions of registered ager  |  | the purpose of changing its                                | register   | ed office or  | register              | ed agent, or both       | n, in the State of Flo | orida. I am f            | amiliar with,               | and accept                                       |
| SIGNATURE   |   |  |  |  |   |                       |                         |                        |                          |                             |  |
|   |   |  |  |  |   |                       |                         |                        |                          |                             |  |
|   |   |  | ` .  | -  |   |                       | 00 May Be<br>ed to Fees |                        |                          |                             |  |
|   | ay 1, 2005 Fee w  |  | Trust Fund Cont  | -  |   |                       | ed to Fees              | CHANGES TO OFF         | ICERS AND                | DIRECTOR                    | S IN 11  |
| After Ma  | <b>ay 1, 2005 Fee w</b>   | OFFICERS AND D   | Trust Fund Cont  | 11.  | E   |                       | ed to Fees              | CHANGES TO OFF         | ICERS AND                | DIRECTOR:                   | S IN 11  |
| After Ma  | D PAYNE, TIMOTHY  | OFFICERS AND D   | Trust Fund Cont  | 11.<br>TITL  | E AE  |                       | ed to Fees              | CHANGES TO OFF         | ICERS AND                |                             |  |
| After Ma  | <b>ay 1, 2005 Fee w</b>   | VIII be \$550.00 OFFICERS AND D OFFICERS AND D OFFICERS AND D  | Trust Fund Cont  | 11. TITL NAM   | E   |                       | ed to Fees              | CHANGES TO OFF         | ICERS AND                |                             |  |
| 10. TITLE NAME STREET ADDRESS   | D PAYNE, TIMOTHY  | VIII be \$550.00 OFFICERS AND D OFFICERS AND D OFFICERS AND D  | Trust Fund Cont  | 11. TITL NAM   | E ME EET ADDRESS '-ST-ZIP   |                       | ed to Fees              | CHANGES TO OFF         | ICERS AND                |                             |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | D PAYNE, TIMOTHY 1 INDEPENDENT JACKSONVILLE, ID CROUCH, ROBER   | OFFICERS AND D OFFICERS AND D ORIVE FL 32202   | Trust Fund Cont  | 11. TITL NAM STRI CITY   | E ALE EET ADDRESS (-ST-ZIP) E   |                       | ed to Fees              | CHANGES TO OFF         | ICERS AND                | ☐ Change                    | Addition   |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | D PAYNE, TIMOTHY 1 INDEPENDENT JACKSONVILLE, ID CROUCH, ROBER 1 INDEPENDENT   | OFFICERS AND D OFFICERS AND D ORIVE FL 32202  RT P DRIVE   | Trust Fund Cont  | 11. TITL NAM STRI CITY TITL NAM STRI   | E ALE EET ADDRESS /-ST-ZIP E ALE EET ADDRESS  |                       | ed to Fees              | CHANGES TO OFF         | ICERS AND                | ☐ Change                    | Addition   |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | D PAYNE, TIMOTHY 1 INDEPENDENT JACKSONVILLE, ID CROUCH, ROBER   | OFFICERS AND D OFFICERS AND D ORIVE FL 32202  RT P DRIVE   | Trust Fund Cont  | 11. TITL NAM STRI CITY TITL NAM STRI CITY  | E AE EET ADDRESS /- ST- ZIP  E AE EET ADDRESS /- ST- ZIP  |                       | ed to Fees              | CHANGES TO OFF         | ICERS AND                | ☐ Change                    | Addition   |
| After, M:  10.  IIITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | D PAYNE, TIMOTHY 1 INDEPENDENT JACKSONVILLE, I CROUCH, ROBER 1 INDEPENDENT JACKSONVILLE, I  | OFFICERS AND D OFFICERS AND D ORIVE FL 32202 RT P DRIVE FL 32202   | Trust Fund Cont  | 11. TITL NAM STRI CITY TITL NAM STRI   | E  RE EET ADORESS /-ST-ZIP  E  RE EET ADORESS /-ST-ZIP  E  AE EET ADORESS /-ST-ZIP  |                       | ed to Fees              | CHANGES TO OFF         | ICERS AND                | ☐ Change                    | Addition   |
| After, M:  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   | D PAYNE, TIMOTHY 1 INDEPENDENT JACKSONVILLE, I D CROUCH, ROBER 1 INDEPENDENT JACKSONVILLE, I VPT ROBINSON, GER ONE INDEPENDE  | OFFICERS AND D OFFICE | Trust Fund Cont  | TIDUTION.  11. TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI STRI STRI STRI STRI STRI   | E ALE EET ADDRESS /-SI-ZIP E ALE EET ADDRESS /-SI-ZIP E ALE EET ADDRESS /-SI-ZIP E ALE ALE ALE ALE ALE ALE ALE ALE ALE A  |                       | ed to Fees              | CHANGES TO OFF         | ICERS AND                | ☐ Change                    | Addition   |
| After, M:  10.  IIITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D PAYNE, TIMOTHY 1 INDEPENDENT JACKSONVILLE, I CROUCH, ROBER 1 INDEPENDENT JACKSONVILLE, I VPT ROBINSON, GER ONE INDEPENDE JACKSONVILLE, I  | OFFICERS AND D OFFICE | Trust Fund Cont  | 11. TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI CITY  | E RE EET ADORESS /-ST-ZIP E RE EET ADDRESS /-ST-ZIP E RE EET ADDRESS /-ST-ZIP E RE LET ADDRESS /-ST-ZIP   |                       | ed to Fees              | CHANGES TO OFF         | ICERS AND                | ☐ Change                    | Addition Addition                                |
| After, M:  10.  IIITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TAME THE NAME TO THE NAME TO THE NAME TO THE NAME THE NAME TO THE NAME THE NAME  | D PAYNE, TIMOTHY 1 INDEPENDENT JACKSONVILLE, I D CROUCH, ROBER 1 INDEPENDENT JACKSONVILLE, I VPT ROBINSON, GER ONE INDEPENDE JACKSONVILLE, I VPS  | OFFICERS AND D OFFICE | Trust Fund Cont  | Tribution.  11.  TITL  NAM  STRI  CITY  TITL  T | E  AE  EET ADORESS  /- ST- ZIP  E  AE  EET ADDRESS  /- ST- ZIP  E  AE  EET ADDRESS  /- ST- ZIP  E  AE  EET ADDRESS  /- ST- ZIP  E   |                       | ed to Fees              | CHANGES TO OFF         | ICERS AND                | ☐ Change                    | Addition   |
| After, M:  10.  IIITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D PAYNE, TIMOTHY 1 INDEPENDENT JACKSONVILLE, I CROUCH, ROBER 1 INDEPENDENT JACKSONVILLE, I VPT ROBINSON, GER ONE INDEPENDE JACKSONVILLE, I  | OFFICERS AND D OFFICE | Trust Fund Cont  | Tribution.  11. TITL NAM STRI CITY   | E  AE  EET ADORESS  /- ST- ZIP  E  AE  EET ADDRESS  /- ST- ZIP  E  AE  EET ADDRESS  /- ST- ZIP  E  AE  EET ADDRESS  /- ST- ZIP  E   |                       | ed to Fees              | CHANGES TO OFF         | ICERS AND                | ☐ Change                    | Addition Addition                                |
| After, M:  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME   | D PAYNE, TIMOTHY 1 INDEPENDENT JACKSONVILLE, I D CROUCH, ROBER 1 INDEPENDENT JACKSONVILLE, I VPT ROBINSON, GER ONE INDEPENDE JACKSONVILLE, I VPS HOLLAND, GREG  | OFFICERS AND D OFFICE | Trust Fund Cont  | Tribution.  11. TITL NAM STRI CITY  | E ALE EET ADDRESS 7-ST-ZIP E ALE EET ADDRESS 7-ST-ZIP E ALE EET ADDRESS 7-ST-ZIP E ALE ALE ALE ALE ALE ALE ALE ALE ALE A  |                       | ed to Fees              | CHANGES TO OFF         | ICERS AND                | ☐ Change ☐ Change ☐ Change  | Addition Addition                                |
| After, M:  10.  IIITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE  | D PAYNE, TIMOTHY 1 INDEPENDENT JACKSONVILLE, I D CROUCH, ROBER 1 INDEPENDENT JACKSONVILLE, I VPT ROBINSON, GER. ONE INDEPENDE JACKSONVILLE, I VPS HOLLAND, GREG ONE INDEPENDE JACKSONVILLE, I P   | OFFICERS AND D OFFICE | Trust Fund Cont  | Tribution.  11.  TITL NAM STRI CITY   | E ALE EET ADDRESS (-ST-ZIP)   | Adde                  | ADDITIONS/              |                        | ICERS AND                | ☐ Change                    | Addition Addition                                |
| After, M:  10.  IIITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | D PAYNE, TIMOTHY 1 INDEPENDENT JACKSONVILLE, I CROUCH, ROBER 1 INDEPENDENT JACKSONVILLE, I VPT ROBINSON, GER. ONE INDEPENDE JACKSONVILLE, I VPS HOLLAND, GREG ONE INDEPENDE JACKSONVILLE, I P CULLEN, JOHN P  | OFFICERS AND D OFFICE | Trust Fund Cont  DIRECTORS  Delete  Delete  Delete         | Tribution.  11. TITL NAM STRI CITY  | E ALE EET ADDRESS (-ST-ZIP)   | Adde                  | ADDITIONS/              |                        | ICERS AND                | ☐ Change ☐ Change ☐ Change  | Addition Addition Addition Addition              |
| After, M:  10.  IIITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE  | D PAYNE, TIMOTHY 1 INDEPENDENT JACKSONVILLE, I D CROUCH, ROBER 1 INDEPENDENT JACKSONVILLE, I VPT ROBINSON, GER. ONE INDEPENDE JACKSONVILLE, I VPS HOLLAND, GREG ONE INDEPENDE JACKSONVILLE, I P   | OFFICERS AND D OFFICE | Trust Fund Cont  DIRECTORS  Delete  Delete  Delete         | Tribution.  11. TITL NAM STRI CITY  | E ALE EET ADDRESS (-ST-ZIP)   | Adde                  | ADDITIONS/              |                        | ICERS AND                | ☐ Change ☐ Change ☐ Change  | Addition Addition Addition Addition              |
| After, M:  10.  III'LE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS  | D PAYNE, TIMOTHY 1 INDEPENDENT JACKSONVILLE, I D CROUCH, ROBER 1 INDEPENDENT JACKSONVILLE, I VPT ROBINSON, GER ONE INDEPENDE JACKSONVILLE, I VPS HOLLAND, GREG ONE INDEPENDE JACKSONVILLE, I P CULLEN, JOHN P 7901 SANDY SPR                                | OFFICERS AND D OFFICE | Trust Fund Cont  DIRECTORS  Delete  Delete  Delete         | Tribution.  11. TITL NAM STRI CITY  | E  AE  EET ADDRESS  /-ST-ZIP  | Adde                  | ed to Fees              |                        | ICERS AND                | ☐ Change ☐ Change ☐ Change  | Addition Addition Addition Addition              |
| After, M:  10.  III'LE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                   | D PAYNE, TIMOTHY 1 INDEPENDENT JACKSONVILLE, I D CROUCH, ROBER 1 INDEPENDENT JACKSONVILLE, I VPT ROBINSON, GER ONE INDEPENDE JACKSONVILLE, I VPS HOLLAND, GREG ONE INDEPENDE JACKSONVILLE, I P CULLEN, JOHN P 7901 SANDY SPR LAUREL, MD 207 ASD TUTOR, TYRA | OFFICERS AND D OFFICE | Trust Fund Cont  DIRECTORS  Delete  Delete  Delete  Delete | TITLL NAMES STREET COLORS STRE | E  AE  EET ADORESS  /-ST-ZIP  E  AE  AE  AE  AE  AE  AE  AE  AE  AE   | Adde                  | ADDITIONS/              |                        | ICERS AND                | ☐ Change ☐ Change ☐ Change  | Addition  Addition  Addition  Addition  Addition |
| After, M:  10.  IIITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE | D PAYNE, TIMOTHY 1 INDEPENDENT JACKSONVILLE, I D CROUCH, ROBER 1 INDEPENDENT JACKSONVILLE, I VPT ROBINSON, GER ONE INDEPENDE JACKSONVILLE, I VPS HOLLAND, GREG ONE INDEPENDE JACKSONVILLE, I P CULLEN, JOHN P 7901 SANDY SPR LAUREL, MD 207                 | OFFICERS AND D OFFICE | Trust Fund Cont  DIRECTORS  Delete  Delete  Delete  Delete | Tribution.  11. TITL NAM STRI CITY   | E  AE  EET ADDRESS  /-ST-ZIP  E  EET ADDRESS  /-ST-ZIP  E | Adde                  | ADDITIONS/              |                        | ICERS AND                | ☐ Change ☐ Change ☐ Change  | Addition  Addition  Addition  Addition  Addition |

nereby ceruly that the information supplied with this filing does not qualify 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 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR