


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000011606</b>	
<b>1. Entity Name</b> GLOBAL EMPLOYMENT SERVICES, INC.	

<b>Principal Place of Business</b> 1703 OLD MOBILE HWY PASCAGOULA, MS 39567	<b>Mailing Address</b> 1703 OLD MOBILE HWY PASCAGOULA, MS 39567
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**DO NOT WRITE IN THIS SPACE**



07212005 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 64-0943455	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

STAPLES, THOMAS C  
41 N JEFFERSON ST STE 400  
PENSACOLA, FL 32501

**DO NOT WRITE IN THIS SPACE**

**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>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	TOUART, GEORGE F
<b>STREET ADDRESS</b>	<del>2000 HALLMARK DR</del> 2207 INVERNESS DR
<b>CITY-ST-ZIP</b>	PENSACOLA, FL 32503
<b>TITLE</b>	STD
<b>NAME</b>	GRIMES, JACKIE
<b>STREET ADDRESS</b>	1804 ROSWELL ST
<b>CITY-ST-ZIP</b>	PASCAGOULA, MS 39581
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

UC00000374761  
07/28/05-80002-012 150.00

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.**

<b>SIGNATURE:</b> 	<b>07/25/05 (850) 575-4946</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>