

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000008304

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: WORKFORCE MANAGEMENT GROUP OF DAYTONA, INC.

## Current Principal Place of Business:

514 UNIVERSITY BLVD  
DAYTONA BEACH, FL 32118 US

## New Principal Place of Business:

## Current Mailing Address:

514 UNIVERSITY BLVD  
DAYTONA BEACH, FL 32118 US

## New Mailing Address:

FEI Number: 83-0504467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOVACS, GABOR  
56 REIDSVILLE DR  
PALM COAST, FL 32164 US

## Name and Address of New Registered Agent:

KOVACS, GABOR  
514 UNIVERSITY BLVD  
DAYTONA BEACH, FL 32118 US

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: GABOR KOVACS

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: KOVACS, GABOR  
Address: 56 REIDSVILLE DR  
City-St-Zip: PALM COAST, FL 32164 US

Title: D ( ) Delete  
Name: KOVACS, GABOR  
Address: 56 REIDSVILLE DR  
City-St-Zip: PALM COAST, FL 32164 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: KOVACS, GABOR  
Address: 514 UNIVERSITY BLVD  
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: D (X) Change ( ) Addition  
Name: KOVACS, GABOR  
Address: 514 UNIVERSITY BLVD  
City-St-Zip: DAYTONA BEACH, FL 32118 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABOR KOVACS

PRS

04/27/2009

Electronic Signature of Signing Officer or Director

Date