2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000020315

1. Entity Name
NORTHERN FLORIDA RECRUITING AND CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
4280 BLEINHEIM PL. JACKSONVILLE, FL 32225-1646	4280 BLEINHEIM PL. JACKSONVILLE, FL 32225-1646

DO NOT WRITE IN THIS SPACE

03312006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3172506	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAYNE, WILLARD J R
4280 BLEINHEIM PL
JACKSONVILLE, FL 32225

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	PAYNE, WILLARD JR
STREET ADDRESS	~~1722 DAVIS ST.~~ 4280 Bleinheim PL
CITY-ST-ZIP	~~JACKSONVILLE, FL 32209~~ Jacksonville, FL 32225

TITLE	D
NAME	GLOVER-PAYNE, PAMELA
STREET ADDRESS	~~1722 DAVIS ST.~~ 4280 Bleinheim PL
CITY-ST-ZIP	~~JACKSONVILLE, FL 32209~~ Jacksonville, FL 32225

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: ✓ _Willard Payne_   ✓ 4/10/06   ✓ 904-928-9254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #