

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000019504

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: CONFEDERATED STAFFING, INC.

## Current Principal Place of Business:

8777 SAN JOSE BLVD 402C  
JACKSONVILLE, FL 32217 US

## New Principal Place of Business:

## Current Mailing Address:

8777 SAN JOSE BLVD 402C  
JACKSONVILLE, FL 32217 US

## New Mailing Address:

FEI Number: 59-3299022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GHOURLY, JIMMIE W  
11433 SEDGEMOORE DR E.  
JACKSONVILLE, FL 32223 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GHOURLY, JIMMIE W  
Address: 11433 SEDGEMOORE DR E  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP ( ) Delete  
Name: NOBLES, JACOB K  
Address: 1021 BARNWELL ROAD  
City-St-Zip: FERNANDINA BEACH, FL 32034

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JACOB NOBLES

VP

04/16/2009

Electronic Signature of Signing Officer or Director

Date