

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000034530

1. Entity Name
ACCOUNTING STAFFING, INC.
ACCOUNTING & FINANCIAL STAFFING INC.



FILED

04 APR 23 PM 2:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**9428 BAYMEADOWS ROAD STE 120
JACKSONVILLE, FL 32256**

Mailing Address
**9428 BAYMEADOWS ROAD STE 120
JACKSONVILLE, FL 32256**

2. Principal Place of Business
1300 Riverplace Blvd.

3. Mailing Address
1300 Riverplace Blvd.

Suite, Apt. #, etc.
300

Suite, Apt. #, etc.
300

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

Zip
32207

Country
USA

Zip
32207

Country
USA

02202004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3386364

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BURGESS, MARGIE
**9428 BAYMEADOWS RD., SUITE 120
JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

Name
Jack Meeks

Street Address (P.O. Box Number is Not Acceptable)
1300 Riverplace Blvd.

300

City
Jacksonville

FL

Zip Code
32207

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 **Jack Meeks** President **Jack Meeks** **4-15-2004**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May 15/23/04--01026--010 **150.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEEKS, JACK 9428 BAYMEADOWS RD., SUITE 120 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1300 Riverplace Blvd #300 Jacksonville FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGOWAN, DONNA 9428 BAYMEADOWS ROAD STE 120 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify 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: **Jack Meeks** **4/15/04** **904-346-0046**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #