## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 19, 2005 08:00 AM Secretary of State DOCUMENT # P96000034530 ACCOUNTING & FINANCIAL STAFFING, INC. Principal Place of Business Mailing Address 1300 RIVERPLACE BLVD., SUITE 300 1300 RIVERPLACE BLVD., SUITE 300 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 01102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3386364 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MEEKS, JACK DO NOT WRITE 1300 RIVERPLACE BLVD., SUITE 300 JACKSONVILLE, FL 32207 IN THIS SPACE 3. 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature regulred when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2005 Fee will be \$550.00 10, OFFICERS AND DIRECTORS TITLE NAME MEEKS, JACK STREET ADDRESS 1300 RIVERPLACE BLVD., SUITE 300 CITY-ST-ZIP JACKSONVILLE, FL 32207 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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 eddress, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 904-346-0046

FILED