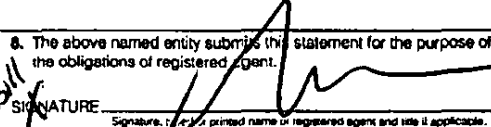
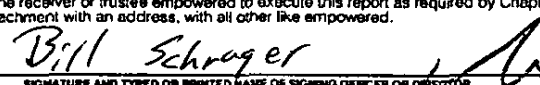


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

02-25-2005 90147 011 ***150.00

DOCUMENT # P98000072512 1. Entity Name STAFF MASTERS OF JACKSONVILLE, INC.					
Principal Place of Business 1840 SOUTHSIDE BLVD SUITE 1B 1A JACKSONVILLE, FL 32216			Mailing Address 1840 SOUTHSIDE BLVD SUITE 1B 1A JACKSONVILLE, FL 32216		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66007321 	
City & State		City & State		4. FEI Number 59-3527041	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHRAGER, BILL 1840 SOUTHSIDE BLVD, #2B H-1A JACKSONVILLE, FL 32073				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE _____ Signature of registered agent or registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHRAGER, WILLIAM 1840 SOUTHSIDE BLVD. #2B JACKSONVILLE, FL 32216 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MALKENZIE, R. WESLEY ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MALKENZIE, R. WESLEY 1101 BLUMSBURY RD GREENVILLE, NC 27858 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BELL, DAVID G. 223 WILLIAMSON, SUITE 202 MADRID, NC 28117 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President BALLINGER, Hughes D. 10837 DULAWAN DR JACKSONVILLE, FL 32246 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  3/17/2005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					