

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90191 014 ***150.00

DOCUMENT # P98000072512

1. Entity Name
STAFF MASTERS OF JACKSONVILLE, INC.



Principal Place of Business
**1840 SOUTHSIDE BLVD
SUITE 1 B
JACKSONVILLE, FL 32216**

Mailing Address
**1840 SOUTHSIDE BLVD
SUITE 1 B
JACKSONVILLE, FL 32216**

40054963



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3527041

Applic For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHRAGER, BILL
1840 SOUTHSIDE BLVD, #2-B
JACKSONVILLE, FL 32073**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
SCHRAGER, WILLIAM
1840 SOUTHSIDE BLVD. #2B
JACKSONVILLE, FL 32216**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
MALXENZIR, WESLEY R
1606 BLOOMS BURY RD
GREENVILLE, NC 27858**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
BELL, DAVID G
223 Williamson Rd, Ste 202
 Mooresville NC 28117**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**X change
114 Morlake Dr, Ste 202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
BALLINGER, HUGHEY D
10937 DULAWAN DR
JACKSONVILLE, FL 32246**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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 approvers with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-03-06

Date

Daytime Phone #

800 241 3266

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000072512

1. Entity Name
STAFF MASTERS OF JACKSONVILLE, INC.



ATTACHMENT

40054963

[REDACTED]

02092006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3527041	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SCHRAGER, BILL
1840 SOUTHSIDE BLVD, #2-B
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

Signature typed or printed name of the listed agent, if applicable

NOTE: Registered open structure required and restricted.

243

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

\$5.00 May Be
Added to Fees

10.	OFFICERS AND DIRECTORS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILE	DP	☐ Delete
NAME	SCHRAGER, WILLIAM	
STREET ADDRESS	1840 SOUTHSIDE BLVD. #2B	
CITY/STATE/ZIP	JACKSONVILLE, FL 32216	

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

NAME	D	☐ Delete
STREET ADDRESS	MALXENZIR, WESLEY R	
CITY, STATE, ZIP	1606 BLOOMS BURY RD GREENVILLE, NC 27858	

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE	D	☐ Delete
NAME	BELL, DAVID G	
STREET ADDRESS	223 Williamson Rd, Ste 202	
CITY-STATE-ZIP	Mooresville NC 28117	

TITLE	X change	☐ Addition
NAME		
STREET ADDRESS	114 Morlake Dr, Ste 202	
CITY-STATE		

NAME	VP	☐ Delete
NAME	BALLINGER, HUGHEY D	
STREET ADDRESS	10937 DULAWAN DR	
CITY, ST, ZIP	JACKSONVILLE, FL 32246	

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY STATE ZIP		

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY STATE ZIP	

TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
--	---

LE	☐ Delete
NAME	
STREET ADDRESS	
CITY STATE ZIP	

FILE		☐ Change	☐ Action
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 "C" or Block "II" if changed, or on an attachment with amendments, with all other like empowered persons.

CHARACTER NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-03-06 8002413266

ATTACHMENT
Brennan Law Firm, PLLC

ATTORNEY AND COUNSELOR AT LAW

17115 Kenton Drive, Suite 204A

Cornelius, North Carolina, 28031

Martin M. Brennan, Jr.

(Licensed in North Carolina and Virginia)

Phone: (704) 896-6441

Facsimile: (704) 896-6449

Cell: (704) 236-9520

40054963
P98000072512
April 10, 2006

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Staff Masters of Jacksonville, Inc.

Dear Sir or Madam:

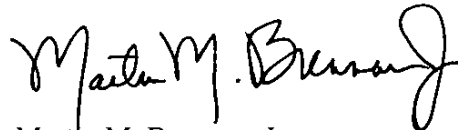
On behalf of the above-named entity, enclosed please find the following documents:

- 1) One original and one copy of the Annual Report for the year ending December 31, 2005 for Staff Masters of Jacksonville, Inc.; and
- 2) A check in the amount of \$150.00 made payable to the Florida Department of State.

Should you need further information or have any questions, you can reach me at either (704) 896-6441 (Work) or (704) 236-9520 (Cell). Thank you for your assistance in this matter.

Sincerely,

BRENNAN LAW FIRM, PLLC



Martin M. Brennan, Jr.

MMBjr/sle
Enclosures

cc: Mr. David G. Bell