

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000072512

1. Entity Name

STAFF MASTERS OF JACKSONVILLE, INC.



FILED

08 APR 22 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CR2E034 (10/07)

Principal Place of Business
1840 SOUTHSIDE BLVD
SUITE 1A
JACKSONVILLE FL 32216

Mailing Address
1840 SOUTHSIDE BLVD
SUITE 1A
JACKSONVILLE FL 32216

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

MACKENZIE, WESLEY R
1840 SOUTHSIDE BLVD
SUITE 1A
JACKSONVILLE FL 32216

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 completing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust/Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900128789239
05/08/08--01006--010 **288.75

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

TITLE ☐ Change ☐ Addition
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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 Section 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exempt Phone #