

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90119 007 ***150.00

DOCUMENT # S54431

1. Entity Name
TEAMSTAFF I, INC.



Principal Place of Business

**300 ATRIUM DR
SOMERSET, NJ 08873**

Mailing Address

**300 ATRIUM DR.
SOMERSET, NJ 08873**

DO NOT WRITE IN THIS SPACE



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3067619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION
1200 S PINE ISLAND RD
FORT LAUDERDALE, FL 33324**

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IN THIS SPACE**

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 reinstating)

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 -

TITLE VS
NAME HOUSTON, JAMES
STREET ADDRESS 300 ATRIUM DR
CITY-ST-ZIP SOMERSET, NJ 08873

TITLE D
NAME SMITH, T. KENT
STREET ADDRESS 300 ATRIUM DR
CITY-ST-ZIP SOMERSET, NJ 08873

TITLE VCFO
NAME FILIPPELLI, RICK
STREET ADDRESS 300 ATRIUM DR
CITY-ST-ZIP SOMERSET, NJ 08873

TITLE P
NAME SMITH, T. KENT
STREET ADDRESS 300 ATRIUM DR
CITY-ST-ZIP SOMERSET, NJ 08873

TITLE CC
NAME PRESUTO, CHERYL
STREET ADDRESS 300 ATRIUM DR
CITY-ST-ZIP SOMERSET, NJ 08873

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/06

Date

732-744-1700

Daytime Phone #