2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90166 035 ***150.00

DOCUMENT # V29998

1. Entity Name
MPS GROUP, INC.

Principal Place of Business
ONE INDEPENDENT DR
JACKSONVILLE, FL 32202 US

Mailing Address
1 INDEPENDENT DR
ATTN: GERALD ROBINSON
JACKSONVILLE, FL 32202 US

4UU70130

04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3116655
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE 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	SVPT
NAME	CROUCH, ROBERT
STREET ADDRESS	ONE INDEPENDENT DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	VCLO
NAME	HOLLAND, GREGORY
STREET ADDRESS	ONE INDEPENDENT DR
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	WAYNE, DAVIS T
STREET ADDRESS	1 INDEPENDENT DR
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	KENNEDY, JOHN R
STREET ADDRESS	1 INDEPENDENT DR
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	TANOUS PETER J
STREET ADDRESS	1 INDEPENDENT DR
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	AVPT
NAME	ROBINSON, GERALD
STREET ADDRESS	ONE INDEPENDENT DR
CITY-ST-ZIP	JACKSONVILLE, FL 32202

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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: _____ (904) 360-2704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #