2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V48547

FILED Mar 12, 2008 Secretary of State

Entity Name: PERSONNEL RESOURCES OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:		New Principal Place of Business:	
120 JENKS AVENI	UE		
UITE 4 ANAMA CITY, FL	32405 US		
•		Name Bartina a Astron	
urrent Mailing Ac	idress:	New Mailing Addres	s:
O. BOX 8186 OTHAN, AL 3630	4 US		
El Number: 63-107004	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and Address	s of Current Registered Agent:	Name and Address of	of New Registered Agent:
UEST, RICHARD 120 JENKS AVENI JITE 4 ANAMA CITY, FL			
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		purpose of changing its registere	d office or registered agent, or both,
ne above named e		purpose of changing its registere	d office or registered agent, or both,
ne above named e the State of Florid GNATURE:			ed office or registered agent, or both, Date
ne above named e the State of Florid GNATURE: Ele	a. `		
ne above named e the State of Florid GNATURE: Ele	ectronic Signature of Registered Agancing Trust Fund Contribution ().	gent	
e above named e the State of Florid GNATURE: Election Campaign Fine FFICERS AND DI e: PD me: CATER, Fd dress: 17 TWIN	ectronic Signature of Registered Agancing Trust Fund Contribution ().	gent	Date
ne above named e the State of Florid GNATURE: Ele ection Campaign Fine FFICERS AND DI le: PD me: CATER, F dress: 17 TWIN ry-St-Zip: DOTHAN le: VD me: GUEST, I dress: PO BOX	ectronic Signature of Registered Agancing Trust Fund Contribution (). IRECTORS: () Delete REBECCA OAKS LANE , AL 36303 () Delete RICHARD W.,	gent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA GREENE CFO 03/12/2008