2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000130

Entity Name: HALIFAX STAFFING, INC.

Current Principal Place of Business:

303 NORTH CLYDE MORRIS BOULEVARD
DAYTONA BEACH, FL 32114

Current Mailing Address:

303 NORTH CLYDE MORRIS BOULEVARD
ATTN: LEGAL DEPARTMENT
DAYTONA BEACH, FL 32114 US

FEI Number: 59-3222299

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHIFLET, SHELLY L
303 N CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114 US

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.

SIGNATURE:

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Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	TD		Title	VC, DIRECTOR
Name	SCHANDEL, SUSAN		Name	GOODEMOTE, HAROLD
Address	ONE DAYTONA BOULEVARD		Address	619 NORTH BEACH STREET
City-State-Zip:	DAYTONA BEACH FL 32114		City-State-Zip:	DAYTONA BEACH FL 32114
Title	CHAIRMAN, DIRECTOR		Title	D
Name	RITCHEY, GLENN		Name	FRANCATI, DAN
Address	551 NORTH NOVA ROAD		Address	21 COQUINA RIDGE WAY
City-State-Zip:	DAYTONA BEACH FL 32114		City-State-Zip:	ORMOND BEACH FL 32176
Title	P, CEO		Title	VP, CFO
Name	FEASEL, JEFF		Name	PEBURN, ERIC
Address	303 N. CLYDE MORRIS BLVD.		Address	303 N. CLYDE MORRIS BLVD.
City-State-Zip:	DAYTONA BEACH FL 32114		City-State-Zip:	DAYTONA BEACH FL 32114
Title	DIRECTOR			
Name	MCCALL, TOM			
Address	2379 BEVILLE ROAD			
City-State-Zip:	DAYTONA BEACH FL 32119			

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFF FEASEL   CEO   04/20/2015

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Electronic Signature of Signing Officer/Director Detail   Date