

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000065044

**Entity Name:** WORK FORCE HR SOLUTIONS, INC.**Current Principal Place of Business:**7719 MARTINO CIRCLE  
NAPLES, FL 34112**Current Mailing Address:**7719 MARTINO CIRCLE  
NAPLES, FL 34112 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.  
320 S. FLAMINGO ROAD  
#347  
PEMBROKE PINES, FL 33027 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                     |
|-----------------|---------------------|
| Title           | PRES                |
| Name            | SILLOWAY, RICHARD E |
| Address         | 7719 MARTINO CIRCLE |
| City-State-Zip: | NAPLES FL 34112     |

|                 |                     |
|-----------------|---------------------|
| Title           | TRES                |
| Name            | SILLOWAY, RICHARD E |
| Address         | 7719 MARTINO CIRCLE |
| City-State-Zip: | NAPLES FL 34112     |

|                 |                     |
|-----------------|---------------------|
| Title           | SECT                |
| Name            | SILLOWAY, JANET M   |
| Address         | 7719 MARTINO CIRCLE |
| City-State-Zip: | NAPLES FL 34112     |

|                 |                     |
|-----------------|---------------------|
| Title           | DIR                 |
| Name            | SILLOWAY, RICHARD E |
| Address         | 7719 MARTINO CIRCLE |
| City-State-Zip: | NAPLES FL 34112     |

|                 |                     |
|-----------------|---------------------|
| Title           | DIR                 |
| Name            | SILLOWAY, JANET M   |
| Address         | 7719 MARTINO CIRCLE |
| City-State-Zip: | NAPLES FL 34112     |

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

**SIGNATURE:** RICHARD E. SILLOWAY**PRESIDENT****01/16/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date