

2014 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

01/15/2014

Electronic Signature of Signing Officer/Director Detail_____
Date