

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000001643

1. Entity Name  
AHEAD HUMAN RESOURCES, INC.



Principal Place of Business  
2209 HEATHER LN.  
LOUISVILLE, KY 40218

Mailing Address  
2209 HEATHER LN.  
LOUISVILLE, KY 40218

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
61-0441433

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BELLIS, WILLIAM B  
2209 HEATHER LN.  
LOUISVILLE, KY 40218

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
BELLIS, ANDREA D  
2209 HEATHER LN.  
LOUISVILLE, KY 40218

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
HAGAN, KRISTI  
2209 HEATHER LN  
LOUISVILLE, KY 40218

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
JONES, KAREN  
2209 HEATHER LN  
LOUISVILLE, KY 40218

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/11/07-80024-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Karen L. Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen L. Jones

1/5/07

Date

(502) 485-1000

Daytime Phone #