

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001862

FILED  
Jul 20, 2004  
Secretary of State

Entity Name: HEALTHPRO STAFFING & PLACEMENTS, INC.

**Current Principal Place of Business:**

1602 HIDDEN HILL DR.  
VERONA, WI 53593

**New Principal Place of Business:**

**Current Mailing Address:**

1602 HIDDEN HILL DR.  
VERONA, WI 53593

**New Mailing Address:**

FEI Number: 05-0560559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NATIONAL REGISTERED AGENTS, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: MORAN, LANCE J  
Address: 1602 HIDDEN HILL DR.  
City-St-Zip: VERONA, WI 53593

Title: CEO ( ) Delete  
Name: MOSCHKAU, KATHLEEN S  
Address: 9141 WEST MINERAL POINT  
City-St-Zip: MT. HOREB, WI 53572

Title: CAO ( ) Delete  
Name: MORAN, LANCE J  
Address: 1602 HIDDEN HILL DR.  
City-St-Zip: VERONA, WI 53593

Title: CFO ( ) Delete  
Name: MORAN, LANCE J  
Address: 1602 HIDDEN HILL DR.  
City-St-Zip: VERONA, WI 53593

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LANCE J MORAN

CEO

07/20/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date