

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000006823

1. Entity Name

HUMAN RESOURCE SOLUTIONS, INC.



Principal Place of Business

323 LAKEVIEW DRIVE
SANTA ROSA BEACH, FL 32459

Mailing Address

323 LAKEVIEW DRIVE
SANTA ROSA BEACH, FL 32459



02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2767370

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REES, LANE
323 LAKEVIEW DRIVE
SANTA ROSA BEACH, FL 32459

**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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REES, LANE
STREET ADDRESS	323 LAKEVIEW DRIVE
CITY-STATE-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	DVS
NAME	ACKERSON, VINCE
STREET ADDRESS	5910 N. CENTRAL EXPRESSWAY SUITE 1000
CITY-STATE-ZIP	DALLAS, TX 75206
TITLE	T
NAME	CARGILL, C. KEITH
STREET ADDRESS	5910 N. CENTRAL EXPRESSWAY SUITE 1000
CITY-STATE-ZIP	DALLAS, TX 75206
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/21/06-80046-023 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/7/06

850-231-0735