2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# L02000024807

Entity Name: HEACOCK EMPLOYER SOLUTIONS, LLC

Current Principal Place of Business:

211 S. RIDGEWOOD DRIVE
SEBRING, FL 33870

New Principal Place of Business:

1105 US HWY 27 N
SEBRING, FL 33870

Current Mailing Address:

211 S. RIDGEWOOD DRIVE
SEBRING, FL 33870

New Mailing Address:

1105 US HWY 27 N
SEBRING, FL 33870

FEI Number: 61-1425954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, BETH H
211 S. RIDGEWOOD DRIVE
SEBRING, FL 33870 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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	JOHNSON, BETH H	
Address:	1100 NANCESOWEE AVE	
City-St-Zip:	SEBRING, FL 33870	
Title:	MGRM	( ) Delete
Name:	JOHNSON, DONALD C	
Address:	1100 NANCESOWEE AVE	
City-St-Zip:	SEBRING, FL 33870	
Title:	MGRM	( ) Delete
Name:	HEACOCK III, FORD W	
Address:	2418 JONILA AVE	
City-St-Zip:	LAKELAND, FL 33803	

ADDITIONS/CHANGES:

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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BETH H. JOHNSON MGRM 04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date