

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010203

FILED
Apr 14, 2009
Secretary of State

Entity Name: HANDS ON EMPLOYMENT SERVICES, INC.

Current Principal Place of Business:

6105 MEMORIAL HWY
A-6
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

PO BOX 261987
TAMPA, FL 336851987 US

New Mailing Address:

FEI Number: 20-0422975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'LEARY, D. MICHAEL
101 E KENNEDY BLVD STE 2700
TAMPA, FL 33602 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FICCA, JOHN L
Address: 6105 MEMORIAL HWY STE A-6
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: FORD, HEATHER
Address: 6105 MEMORIAL HWY STE A-6
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: FICCA, AUDREY
Address: 6105 MEMORIAL HWY STE A-6
City-St-Zip: TAMPA, FL 33615

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:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L. FICCA

OFF

04/14/2009

Electronic Signature of Signing Officer or Director

Date