

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010203

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** HANDS ON EMPLOYMENT SERVICES, INC.

**Current Principal Place of Business:**

6105 MEMORIAL HWY  
A-5  
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:**

TK REGISTERED AGENT, INC.  
101 E KENNEDY BLVD  
SUITE 2700  
TAMPA, FL 33602 US

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

LEIDEL, BRIAN  
9350 BAY PLAZA BLVD  
SUITE 120-03  
TAMPA, FL 33619 US

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: BRIAN LEIDEL

03/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN L FICCA

D

03/26/2012

Electronic Signature of Signing Officer or Director

Date