

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000079744
 1. Entity Name
BRICKER RECUITING & HR CONSULTING, INC.



Principal Place of Business Mailing Address
2804 FOREST CLUB DRIVE **2804 FOREST CLUB DRIVE**
PALNT CITY, FL 33567 **PALNT CITY, FL 33567**

DO NOT WRITE IN THIS SPACE



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3669618 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BRICKER, KENNETH D
2804 FOREST CLUB DRIVE
PALNT CITY, FL 33567

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRICKER, KENNETH D
STREET ADDRESS	2804 FOREST CLUB DRIVE
CITY-ST-ZIP	PALNT CITY, FL 33567
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Kenneth D Bricker* 3-23-05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #