

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000072359

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** THE EMPLOYERS NETWORK, INC.

**Current Principal Place of Business:**

1296 NE 63RD ST  
BRUCEABALLARD@YAHOO.COM  
OCALA, FL 34479

**New Principal Place of Business:**

**Current Mailing Address:**

1296 NE 63RD ST  
OCALA, FL 34479

**New Mailing Address:**

**FEI Number:** 59-3735430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BALLARD, BRUCE  
1296 NE 63RD ST  
OCALA, FL 34479 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  
**Name:** BALLARD, BRUCE  
**Address:** 1296 NE 63RD ST  
**City-St-Zip:** OCALA, FL 34479

**Title:** D  
**Name:** BALLARD, GAIL  
**Address:** 1296 NE 63RD ST  
**City-St-Zip:** OCALA, FL 34479

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

**SIGNATURE:** BRUCE A BALLARD

D

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date