

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00
Secretary of State

DOCUMENT # P03000027069

1. Entity Name
STAFFING CONCEPTS III, INC.



Principal Place of Business
4224 W. HENDERSON BLVD.
TAMPA, FL 33629-5611 US

Mailing Address
4224 W. HENDERSON BLVD.
ATTN: LEGAL DEPT.
TAMPA, FL 33629-5611 US



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4242371

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOMINGUEZ, JOSEPH C
4224 W. HENDERSON BLVD.
TAMPA, FL 33629-5611

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and title if applicable (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

1100000247218
03/01/05-80013-013 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME HARDIN, HENRY C III
STREET ADDRESS 1140 OLD PEACHTREE RD., STE. D
CITY- ST- ZIP DULUTH, GA 30097

TITLE S
NAME DOMINGUEZ, JOSEPH C
STREET ADDRESS 4224 W. HENDERSON BLVD.
CITY- ST- ZIP TAMPA, FL 336295611

TITLE D
NAME HARDIN, HENRY C III
STREET ADDRESS 1140 OLD PEACHTREE RD., STE. D
CITY- ST- ZIP DULUTH, GA 30097

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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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH C. DOMINGUEZ

02/14/05

Date

813-258-0293

Daytime Phone #