


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 08:00
Secretary of State

DOCUMENT # P03000027535	
1. Entity Name STAFFING CONCEPTS VI, 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
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DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4242433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000247388 03/01/05-80020-000 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HARDIN, HENRY C III 1140 OLD PEACHTREE RD., STE. D DULUTH, GA 30097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOMINGUEZ, JOSEPH C 4224 W. HENDERSON BLVD. TAMPA, FL 336295611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: JOSEPH C DOMINGUEZ, JR 02/14/05 813-258-0293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #