

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027537

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: STAFFING CONCEPTS VII, INC.

## Current Principal Place of Business:

4224 W. HENDERSON BLVD.  
TAMPA, FL 336295611 US

## New Principal Place of Business:

## Current Mailing Address:

4224 W. HENDERSON BLVD.  
TAMPA, FL 336295611 US

## New Mailing Address:

FEI Number: 13-4242499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHILLIPS, JANE  
4224 W. HENDERSON BLVD.  
TAMPA, FL 336295611 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: HARDIN, HENRY C III  
Address: 2435 TECH CENTER PKWY  
City-St-Zip: LAWRENCEVILLE, GA 30043 US

Title: S ( ) Delete  
Name: PHILLIPS, JANE  
Address: 4224 W. HENDERSON BLVD.  
City-St-Zip: TAMPA, FL 336295611 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JANE PHILLIPS

S

04/17/2009

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

\_\_\_\_\_  
Date