2004 FOR PROFIT CORPORATION -ANNUAL REPORT (AR)-

Feb 10, 2004 8:00 am **Secretary of State** DOCUMENT # P03000027542 1. Entity Name 02-10-2004 90005 005 ***150.00 STAFFING CONCEPTS IX, INC. Principal Place of Business Mailing Address 4224 W. HENDERSON BLVD. 4224 W. HENDERSON BLVD. ATTN: LEGAL DEPT. TAMPA FL 33629-5611 TAMPA FL 33629-5611 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 51-0450768 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOMINGUEZ, JOSEPH C Street Address (P.O. Box Number is Not Acceptable) 4224 W. HENDERSON BLVD. TAMPA FL 33629-5611 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F P/D ☐ Delete TITLE ☐ Change ☐ Addition HARDIN, HENRY C III NAME NAME STREET ADDRESS 1140 OLD PEACHTREE RD., STE, D STREET ADDRESS DULUTH GA 30097 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME DOMINGUEZ, JOSEPH C NAME 4224 W. HENDERSON BLVD. STREET ADDRESS STREET ADDRESS TAMPA FL 33629-5611 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE Addition NAME " NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

FILED

Change

Addition