

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006386

Entity Name: HIRE METHODS, INC.

FILED  
Apr 08, 2008  
Secretary of State

## Current Principal Place of Business:

1422 SAN MARCO BLVD.  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

7807 BAYMEADOWS ROAD EAST  
SUITE 200  
JACKSONVILLE, FL 32256

## Current Mailing Address:

1422 SAN MARCO BLVD.  
JACKSONVILLE, FL 32207

## New Mailing Address:

7807 BAYMEADOWS ROAD EAST  
SUITE 200  
JACKSONVILLE, FL 32256

FEI Number: 20-0582183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DRAWDY, CLINT  
1422 SAN MARCO BLVD.  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

DRAWDY, CLINT  
7807 BAYMEADOWS ROAD EAST  
SUITE 200  
JACKSONVILLE, FL 32256 US

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:

04/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DRAWDY, CLINT  
Address: 1422 SAN MARCO BLVD.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: PERCE, CHAD  
Address: 1422 SAN MARCO BLVD.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition  
Name: DRAWDY, CLINTON D  
Address: 7807 BAYMEADOWS ROAD EAST, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MR (X) Change ( ) Addition  
Name: PERCE, CHAD A  
Address: 7807 BAYMEADOWS ROAD EAST, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MS ( ) Change (X) Addition  
Name: CANNON, KIMBERLY A  
Address: 7807 BAYMEADOWS ROAD EAST, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

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: KIMBERLY CANNON

MS

04/08/2008

Electronic Signature of Signing Officer or Director

Date