

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90107 031 \*\*\*158.75

**DOCUMENT # P05000092963**

1. Entity Name  
**HARTLAND HUMAN RESOURCES DEVELOPMENT INC.**



Principal Place of Business  
**2882 WEST 94TH DRIVE  
GAINESVILLE, FL 32608 US**

Mailing Address  
**2882 WEST 94TH DRIVE  
GAINESVILLE, FL 32608 US**

00010920



04082006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3229429** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MITCHELL, BRIAN  
2882 WEST 94TH DRIVE  
GAINESVILLE, FL 32608**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>PRES MITCHELL, BRIAN 2882 WEST 94TH DRIVE GAINESVILLE, FL 32608</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Brian Mitchell **BRIAN MITCHELL** 4/9/06 (904) 380 0491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #