

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000078329

Entity Name: PATH HR CONSULTANTS, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

5006 LOG WAGON ROAD
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1105
CLARCONA, FL 32710

New Mailing Address:

FEI Number: 26-3240492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, DELORIA K
5006 LOG WAGON ROAD
OCOEE, FL 34761 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 () Delete
Name: NELSON, DELORIA K
Address: 5006 LOG WAGON ROAD
City-St-Zip: OCOEE, FL 34761

Title: VP () Delete
Name: BELL, HENRY L
Address: 16410 BONNEVILLE DRIVE
City-St-Zip: TAMPA, FL 33624

Title: DIR () Delete
Name: MITCHEM, JENNIFER
Address: 1416 S. ARCH STREET
City-St-Zip: LITTLE ROCK, AR 72207

Title: SEC () Delete
Name: KENNEDY-PEARSON, YVONNE
Address: 13512 KITTY FORK ROAD
City-St-Zip: ORLANDO, FL 32828

Title: TRES () Delete
Name: STEWART, EDDY J
Address: 4520 WESCOTT LANE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: NOTYCE, YOLANDA
Address: 10244 SANDY MARSH LANE
City-St-Zip: ORLANDO, FL 32832

Title: DIR (X) Change () Addition
Name: FORD, WANDA
Address: 10018 NEWINGTON DRIVE
City-St-Zip: ORLANDO, FL 32836

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: DELORIA K. NELSON

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date