

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000110737

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE HR SOLUTIONS, INC.

**Current Principal Place of Business:**

696 OAK HOLLOW WAY  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

3121 CECELIA DRIVE  
APOPKA, FL 32703

**Current Mailing Address:**

696 OAK HOLLOW WAY  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

3121 CECELIA DRIVE  
APOPKA, FL 32703

**FEI Number:** 14-1851648

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLS, SHERRI M  
696 OAK HOLLOW WAY  
ALTAMONTE SPRINGS, FL 32714 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

**OFFICERS AND DIRECTORS:**

Title: MS  
Name: WALLS, SHERRI M  
Address: 3121 CECELIA DRIVE  
City-St-Zip: APOPKA, FL 32703

I hereby 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 all other like empowered.

SIGNATURE: SHERRI M. WALLS

PRES

04/24/2012

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

\_\_\_\_\_  
Date