2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State
06-01-2004 90002 010 ***150.00

DOCUMENT # P97000080638

1. Entity Name
AMERICA'S HR TEAM, INC.

54055941

Principal Place of Business	Mailing Address
150 PINELLAS BAYWAY SUITE 208 TIERRA VERDE, FL 33715	150 PINELLAS BAYWAY SUITE 208 TIERRA VERDE, FL 33715

2. Principal Place of Business		3. Mailing Address	
2836 5TH AVE N.		2836 5TH AVE N.	
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. 101	
City & State ST. PETERSBURG, FL		City & State ST. PETERSBURG, FL	
Zip 33713	Country PINELLAS	Zip 33713	Country PINELLAS

03212003 Chg-P CR2E034 (10/03)

4. FEI Number 65-0783477 ☐ Applied For ☐ Not Applicable

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

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

KIRACOFE, RICHARD B
128 12TH STREET EAST
TIERRA VERDE, FL 33715

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 [signature] RICHARD B. KIRACOFE 5/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KIRACOFE, RICHARD B 128 12TH STREET EAST TIERRA VERDE, FL 33715	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: [signature] RICHARD B. KIRACOFE 5/27/04 727-323-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #