

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000097818

Entity Name: HIRE EXPERIENCE, INC.

FILED
Mar 18, 2008
Secretary of State

Current Principal Place of Business:

14660 HIDEAWAY LAKE LN
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

14660 HIDEAWAY LAKE LN
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 65-0875431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUMPKIN, TAYLOR C
14660 HIDEAWAY LAKE LN
DELRAY BEACH, FL 33484 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: LUMPKIN, TAYLOR C
Address: 14660 HIDEAWAY LAKE LN
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP () Delete
Name: APPLEBEE, JOHN F
Address: 14660 HIDEAWAY LAKE LN
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP () Delete
Name: NOLAND, EILEEN E
Address: 14660 HIDEAWAY LAKE LN
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP () Delete
Name: KOCH, CHRISTOPHER F
Address: 14660 HIDEAWAY LAKE LN
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP () Delete
Name: SIEWERT, RICHARD S
Address: 14660 HIDEAWAY LAKE LN
City-St-Zip: DELRAY BEACH, FL 33484

Title: TRES () Delete
Name: GAYLE, ROGALSKI
Address: 14660 HIDEAWAY LAKE LN
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: WILSON, ROBERT L
Address: 14660 HIDEAWAY LAKE LN
City-St-Zip: DELRAY BEACH, FL 33484

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

Title: VP (X) Change () Addition
Name: DAHM, WILLIAM C
Address: 14660 HIDEAWAY LAKE LN
City-St-Zip: DELRAY BEACH, FL 33484

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: TAYLOR C LUMPKIN

PRES

03/18/2008

Electronic Signature of Signing Officer or Director

Date