## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 28, 2005 08:00 AM Secretary of State

DOCUMENT #	P99000030608
DOCOMENT #	1 0000000000

Entity Name

HUMAN CAPITAL SOLUTIONS, INC.



Principal Place of Business

4224 W. HENDERSON BLVD. ATTN: LEGAL DEPT. TAMPA, FL 33629-5611 Mailing Address

4224 W. HENDERSON BLVD. ATTN: LEGAL DEPT. TAMPA, FL 33629-5611



DO NOT WRITE IN THIS SPACE

02092005	No Cha-P	CR2E024 (10/03)	

4. FEI Number Applied For 59-3575024 Not Applied For Not Applied For Status Desired Sandal Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, JOSEPH C 4224 W. HENDERSON BLVD. TAMPA, FL 33629-5611

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

02/14/05

25<u>8-0293</u>

17.00.7,12 33023-3011		IN THIS SPACE					
8. The above the obliga	e named entity submits this statement for the litions of registered agent.	ourpose of changing its registere	ed office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and the	il applicable (NOTE Registerer	d Agent signatur	e required when reinstating)	DATE		
FIL After M	E NOW!!! FEE  S \$150.00 lay 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	Τ		<u> </u>		
TITLE NAME STREET ADDRESS CHTY - ST - ZIP	PD HARDIN, HENRY C III 1140 OLD PEACHTREE RD., STE. D DULUTH, GA 300975105			•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOMINGUEZ, JOSEPH C 4224 W. HENDERSON BLVD. TAMPA, FL 336295611				#261 hgtv in Amilia (1970) 115 H200 #1 H20H (1970, 88) 		
TITLE NAME STREET ADDRESS CITY ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY: ST-ZIP							
TIFLE NAME STREET ADDRESS City-ST-ZIP							
12. I hereby of indicated of the corchanged.	certify that the information supplied with this fit on this report or supplemental report is true a poration or the receiver or frustee empowered, or on an attachment with an address, with all	ing does not qualify for the exer and accurate and that my signate to execute this report as require other like empowered	nption state ure shall haved by Chap	d in Section 119.07(3) ve the same legal effecter 607, Florida Statute	(i), Florida Statutes, I further certify that the information of as if made under cath; that I am an officer or director is; and that my name appears in Block 10 or Block 11 if		

TOSEPHC. ON MIN SUEZ, SEC.
RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.