

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000027253

**Entity Name:** REFERHIRED, INC.

**Current Principal Place of Business:**

5103 ELBERON ST  
TAMPA, FL 33611

**FILED**  
**Mar 24, 2017**  
**Secretary of State**  
**CC1663228294**

**Current Mailing Address:**

5103 ELBERON ST  
TAMPA, FL 33611 US

**FEI Number: 81-2005098**

**Certificate of Status Desired: No**

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

ANZALONE, LAWRENCE  
5103 ELBERON ST  
TAMPA, FL 33611 US

*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

**Officer/Director Detail :**

Title CHARIMAN  
Name ANZALONE, LAWRENCE  
Address 5103 ELBERON ST  
City-State-Zip: TAMPA FL 33611

Title D  
Name WARD, JOSE  
Address 11814 TRIADELPHIA RD  
City-State-Zip: ELLICOTT CITY MD 21042

Title D  
Name BACHMAN, MICHAEL  
Address 2654 COBBS WAY  
City-State-Zip: PALM HARBOR FL 34684

Title D  
Name BACHMAN, KEITH  
Address 1600 ARCH ST #813  
City-State-Zip: PHILADELPHIA PA 19103

Title D  
Name WILLS, ERIC  
Address 2131 STILLWATER BLVD  
City-State-Zip: SYKESVILLE MD 21784

Title D  
Name KALLAB, GEORGES  
Address 5 TREMBLANT CT.  
City-State-Zip: LUTHERVILLE MD 21093

Title CEO  
Name BACHMAN, MICHAEL  
Address 2654 COBBS WAY  
City-State-Zip: PALM HARBOR FL 34684

Title CFO  
Name BACHMAN, KEITH  
Address 1600 ARCH ST # 813  
City-State-Zip: PHILADELPHIA PA 19103

**Continues on page 2**

*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: LAWRENCE ANZALONE**

**CHARIMAN**

**03/24/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            COO  
Name            O'DONNELL, SHANE  
Address        46 COTTONTAIL TRAIL  
City-State-Zip: UPPER SADDLE RIVER NJ 07458