


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90696 021 \*\*\*150.00

**DOCUMENT # F99000004301**

1. Entity Name  
**STAFFING NOW, INC.**



Principal Place of Business      Mailing Address

4600 WESTOWN PKWY      4600 WESTOWN PKWY  
 REGENCY WEST 6 STE 113      REGENCY WEST 6 STE 113  
 WEST DES MOINES, IA 50266      WEST DES MOINES, IA 50266



04212004      Chg-P      CR2E034 (10/03)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**42-1480208**      Not Applicable

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

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

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**7. Name and Address of New Registered Agent**

Name: *Mark Schaul, Exec. Vice Pres*  
 Street Address (P.O. Box Number is Not Acceptable): *To Staffing Now*  
*600 W. Pine Island Road, Suite 210*  
 City: *Plantation*      FL      Zip Code: *33324*

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: *Mark Schaul, Exec. Vice Pres*      DATE: *4/21/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RON	NAME	
STREET ADDRESS	MSC 25085 P.O. BOX 20000	STREET ADDRESS	
CITY-ST-ZIP	JACKSON, WY 83001	CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAUL, MARK	NAME	
STREET ADDRESS	5687 COACHLIGHT	STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES, IA 50266	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARR, SHANE	NAME	
STREET ADDRESS	120 W. 12TH ST., STE 800	STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY, MO 64105	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, BILL	NAME	
STREET ADDRESS	120 W. 12TH ST., STE 800	STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY, MO 64105	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREITAG, SAMUEL	NAME	
STREET ADDRESS	82 CORP. WOODS STE. 270, 10851 MASTIN BLVD	STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK, KS 66210	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Mark Schaul*      Exec. Vice Pres      DATE: *4/21/04*      Daytime Phone #: *515-222-6250*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR