2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038614

FILED
Aug 03, 2004
Secretary of State

Entity Name: STOVER MEDICAL STAFFING SERVICES INC.

Current Principal Place of Business:	**New Principal Place of Business:**
7210 ALOE DR SPRING HILL, FL 34607	410 NORTH DILLARD ST. 104 WINTERGARDEN, FL 34787

Current Mailing Address:	**New Mailing Address:**
7210 ALOE DR SPRING HILL, FL 34607	60 WORTHINGTON ACCESS MARYLAND HEIGHTS, MO 63043

FEI Number: FEI Number Applied For (X)   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
KETCHUM, SUSAN R 7210 ALOE DR SPRING HILL, FL 34607 US	MATT, STOVER N PRES 410 NORTH DILLARD 104 WINTERGARDEN, FL 34787 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: MATT N. STOVER _____   08/03/2004 _____
           Electronic Signature of Registered Agent   Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS: **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:	( ) Delete	Title: PRES ( ) Change (X) Addition
Name:		Name: STOVER, MATTHEW N MR
Address:		Address: PO BOX 230
City-St-Zip:		City-St-Zip: ST. ALBANS, MO 63073

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MATTHEW N. STOVER _____   PRES   08/03/2004 _____
           Electronic Signature of Signing Officer or Director   Date