

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90055 023 ***150.00

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01072005 Chg-P CR2E034 (10/03)

DOCUMENT # F93000001914 1. Entity Name STAFF MANAGEMENT, INC.					
Principal Place of Business 5919 SPRING CREEK ROAD ROCKFORD, IL 61114			Mailing Address 5919 SPRING CREEK ROAD ROCKFORD, IL 61114		
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 36-3243445	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEMS 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33325					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	CEO		<input type="checkbox"/> Delete		
NAME	MORRISSEY, MARY F				
STREET ADDRESS	3533 ZERMATT				
CITY-ST-ZIP	ROCKFORD, IL 61111				
TITLE	VTS		<input type="checkbox"/> Delete		
NAME	MORRISSEY, JOHN F				
STREET ADDRESS	3533 ZERMATT				
CITY-ST-ZIP	ROCKFORD, IL 61111				
TITLE	V		<input type="checkbox"/> Delete		
NAME	CASTREE, SAMUEL J				
STREET ADDRESS	211 FULTON AVENUE				
CITY-ST-ZIP	ROCKFORD, IL 61103				
TITLE	P		<input type="checkbox"/> Delete		
NAME	MORRISSEY, JOHN J				
STREET ADDRESS	2130 WEMBLEY PLACE				
CITY-ST-ZIP	ROCKFORD, IL 61114				
TITLE	V		<input checked="" type="checkbox"/> Delete		
NAME	MCDUGLE, DALE				
STREET ADDRESS	7723 NAN DRIVE				
CITY-ST-ZIP	ROSCOE, IL 61073				
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1-1					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
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:		 John J. Morrissey		1-17-05 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				815-282-3700 Daytime Phone #	