


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90074 029 \*\*\*150.00

**DOCUMENT # F0000001394**

1. Entity Name  
**CAREERSTAFF SERVICES CORPORATION**



Principal Place of Business: **101 SUN AVE., NE - ALBUQUERQUE, NM 87109**

Mailing Address: **101 SUN AVE., NE - ALBUQUERQUE, NM 87109**

**94068122**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_



02162004 Chg-P -CR2E034 (10/03)

4. FEI Number: **93-0962981** Applied For:  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: \_\_\_\_\_

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	KELLEY, GAY	
STREET ADDRESS	101 SUN AVE., NE	
CITY-ST-ZIP	ALBUQUERQUE, NM 87109	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOWER, RAYMOND	
STREET ADDRESS	101 SUN AVE., NE	
CITY-ST-ZIP	ALBUQUERQUE, NM 87109	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	RZENDZIAN, MICHAEL E	
STREET ADDRESS	101 SUN AVE., NE	
CITY-ST-ZIP	ALBUQUERQUE, NM 87109	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GILMORE, JEFFREY	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE, NM 87109	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HAYES, D. CRAIG G	
STREET ADDRESS	101 SUN AVE., NE	
CITY-ST-ZIP	ALBUQUERQUE, NM 87109	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERG, MICHAEL T	
STREET ADDRESS	101 SUN AVE., NE	
CITY-ST-ZIP	ALBUQUERQUE, NM 87109	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin W. Pendergest	
STREET ADDRESS	101 Sun Ave NE	
CITY-ST-ZIP	Albuquerque, NM 87109	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Botter	
STREET ADDRESS	101 Sun Ave NE	
CITY-ST-ZIP	Albuquerque, NM 87109	
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: Michael T. Berg **Michael T. Berg** 4/19/04 **4/19/04** (505) 821-3355 **(505) 821-3355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #