

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90013 048 \*\*\*150.00

**DOCUMENT # F00000002849**

1. Entity Name

SNELLING AND SNELLING, INC.



Principal Place of Business

12801 N. CENTRAL EXPRESSWAY, SUITE 700  
DALLAS TX 75243

Mailing Address

12801 N. CENTRAL EXPRESSWAY, SUITE 700  
DALLAS TX 75243

34018403



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.  
700

City & State

City & State

4. FEI Number

23-1488679

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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 SV ☐ Delete  
NAME MCANINCH, BARBARA A  
STREET ADDRESS 12801 N. CENTRAL EXPRESSWAY, SUITE 700  
CITY-ST-ZIP DALLAS TX 75243

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VCD ☐ Delete  
NAME SNELLING, ROBERT O JR.  
STREET ADDRESS 12801 N. CENTRAL EXPRESSWAY, SUITE 700  
CITY-ST-ZIP DALLAS TX 75243

TITLE VD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME PAULK, ROBERT R  
STREET ADDRESS 12801 N. CENTRAL EXPRESSWAY, SUITE 700  
CITY-ST-ZIP DALLAS TX 75243

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME SPRAGINS, RICHARD H  
STREET ADDRESS 12801 N. CENTRAL EXPRESSWAY, SUITE 700  
CITY-ST-ZIP DALLAS TX 75243

TITLE VCD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME PAULK, MELINDA S  
STREET ADDRESS 12801 N. CENTRAL EXPRESSWAY, SUITE 700  
CITY-ST-ZIP DALLAS TX 75243

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VTD ☐ Delete  
NAME CREWS, J. RUSSELL  
STREET ADDRESS 12801 N. CENTRAL EXPRESSWAY, SUITE 700  
CITY-ST-ZIP DALLAS TX 75243

TITLE ☐ Change ☐ 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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-04 974/239-7575