

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90020 046 ***150.00

DOCUMENT # F06000007877

1. Entity Name
STRATEGIC OUTSOURCING CORPORATION



Principal Place of Business
**1755 N. COLLINS BLVD. SUITE 500
RICHARDSON, TX 75080**

Mailing Address
**1755 N. COLLINS BLVD. SUITE 500
RICHARDSON, TX 75080**

DO NOT WRITE IN THIS SPACE



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2507187	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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 **NRAI Services, Inc.**

4-23-07

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAYTON, ALAN B 1755 N. COLLINS BLVD. SUITE 500 RICHARDSON, TX 75080
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEONARD, JAMES K 1755 N. COLLINS BLVD. SUITE 500 RICHARDSON, TX 75080
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HAMBY, JEROMY B 1755 N. COLLINS BLVD. SUITE 500 RICHARDSON, TX 75080
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Jimmy D. Taylor 309 W. Woodard Denison TX 75020
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Jimmy D. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07

Date

903-467-6100
Daytime Phone #