



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000000013 1. Entity Name B.E. SMITH INTERIM SERVICES, INC.	
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Principal Place of Business 9777 RIDGE DRIVE SUITE 300 LENEXA, KS 66219	Mailing Address 9777 RIDGE DRIVE SUITE 300 LENEXA, KS 66219
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DO NOT WRITE IN THIS SPACE



04052008 No Chg-P CR2E034 (11/05)

4. FEI Number 36-4590113	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, JOHN D 9777 RIDGE DRIVE #300 LENEXA, KS 66219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BURD, STANLEY G 9777 RIDGE DRIVE #300 LENEXA, KS 66219
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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06/04/08-80071-021 150.00

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: *Stanley G. Burd* EXEC. V. P. FINANCE Date: 105-27-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #