

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P16505**

1. Entity Name  
**PRE-PAID LEGAL SERVICES, INC.**



Principal Place of Business

**ONE PRE-PAID WAY  
PO BOX 145  
ADA, OK 74821-0145**

Mailing Address

**ONE PRE-PAID WAY  
PO BOX 145  
ADA, OK 74821-0145**

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**73-1016728**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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

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**

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  
**PCEO  
STONECIPHER, HARLAND C  
RT. 1 BOX 39  
CENTRAHOMA, OK 74534**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
WALDEN, KATHRYN  
220 HUNTER DRIVE  
ADA, OK 74820**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPC  
PINSON, KATHLEEN SUSAN  
301 S. LAZY LN  
ADA, OK 74820**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**COO  
HARP, RANDY  
RT. 2, BOX 89Y  
ADA, OK**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
HARP, RANDY  
132 THOMPSON DRIVE  
ADA, OK**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000110246  
04/12/04-80075-008 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Kathleen S. Pinson*

**KATHLEEN S. PINSON**

**04/08/04**

**580/436-1234**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #