


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000070500 1. Entity Name THE STAFFING SOURCE, INC.	
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Principal Place of Business 1004 DREW STREET CLEARWATER, FL 33755	Mailing Address 11300 FOURTH ST NORTH, SUITE 200 ST PETERSBURG, FL 33716-2940
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**DO NOT WRITE IN THIS SPACE**

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3529114

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CHADWICK, JAMES M  
11300 FOURTH ST NORTH, SUITE 200  
ST PETERSBURG, FL 33716-2940

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

**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

000000126654  
04/23/04-80042-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CHADWICK, LAUREL J 11300 FOURTH ST NORTH, SUITE 200 ST PETERSBURG, FL 337162940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHADWICK, JAMES M 11300 FOURTH ST NORTH, SUITE 200 ST PETERSBURG, FL 337162940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLEETING, ANN 11300 FOURTH ST NORTH, SUITE 200 ST PETERSBURG, FL 337162940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 1 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Ann Fleeting 1-24-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #