

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042855

FILED  
Mar 30, 2005  
Secretary of State

Entity Name: PHILBRICK PARALEGAL SERVICES, INC.

## Current Principal Place of Business:

2392 S.W. CABALLERO STREET  
PORT ST. LUCIE, FL 34953

## New Principal Place of Business:

2392 SW CABALLERO STREET  
PORT ST. LUCIE, FL 34953

## Current Mailing Address:

2392 S.W. CABALLERO STREET  
PORT ST. LUCIE, FL 34953

## New Mailing Address:

2392 SW CABALLERO STREET  
PORT ST. LUCIE, FL 34953

FEI Number: 74-3041150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHILBRICK, LINDA L  
2392 S.W. CABALLERO STREET  
PORT ST LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

PHILBRICK, LINDA L  
2392 SW CABALLERO STREET  
PORT ST LUCIE, FL 34953 US

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.

SIGNATURE:

03/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PHILBRICK, LINDA L  
Address: 2392 S.W. CABALLERO STREET  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PHILBRICK, LINDA L  
Address: 2392 SW CABALLERO STREET  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VPD ( ) Change (X) Addition  
Name: PHILBRICK, SCOTT L  
Address: 2392 SW CABALLERO STREET  
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA L. PHILBRICK

PD

03/30/2005

Electronic Signature of Signing Officer or Director

Date