

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003358

Entity Name: EFILESOLUTIONS, INC.

FILED
Jul 08, 2004
Secretary of State

Current Principal Place of Business:

11325 PENNYWOOD AVED
BATON ROUGE, LA 70809

New Principal Place of Business:

15556 PERKINS ROAD
BATON ROUGE, LA 70810

Current Mailing Address:

P.O. BOX 87010
BATON ROUGE, LA 70879

New Mailing Address:

FEI Number: 72-1490074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOOLF, J. KING
Address: 7543 RIENZI BLVD
City-St-Zip: BATON ROUGE, LA 70809

Title: ST () Delete
Name: HEIL, DONALD P
Address: 3642 HARRIS DR
City-St-Zip: BATON ROUGE, LA 70816

Title: C () Delete
Name: ROME, JACK S JR
Address: P.O. BOX 87010
City-St-Zip: BATON ROUGE, LA 70896

Title: D (X) Delete
Name: PITTS, J. KENNETH
Address: 108 WESTERLY COURT
City-St-Zip: NASHVILLE, TN 37221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JACK S. ROME, JR.

MR.

07/08/2004

Electronic Signature of Signing Officer or Director

Date