

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G17059**

1. Entity Name  
**ATTORNEY SOFTWARE, INC.**



Principal Place of Business	Mailing Address
1450 CENTRE PARK BLVD 100 WEST PALM BEACH, FL 33401 US	1450 CENTRE PARK BLVD 100 WEST PALM BEACH, FL 33401 US

**DO NOT WRITE IN THIS SPACE**



02252004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2253695	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

TENNYSON, ROD  
1450 CENTRE PARK BLVD  
#100  
WEST PALM BEACH, FL 33401

**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

U000000112925

04/14/04-80042-006 300.00

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	TENNYSON, ROD
STREET ADDRESS	301 NORTH ATLANTIC AVE
CITY - ST - ZIP	LANTANA, FL 00000,

TITLE	DST
NAME	BEECHAM, ELIZABETH
STREET ADDRESS	LANTANA, FL.
CITY - ST - ZIP	301 N ATLANTIC AVE.,

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

**SIGNATURE:** Rod Tennyson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 561 478 7600  
Date Daytime Phone #