2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004
Secretary of State

DOCUMENT# P01000005184

Entity Name: PARAGON CASE MANAGEMENT, INC.

Current Principal Place of Business:

2955 HORTLEY RD
STE 104B
JACKSONVILLE, FL 32257

New Principal Place of Business:

2955 HARTLEY RD
STE 104B
JACKSONVILLE, FL 32257

Current Mailing Address:

2955 HORTLEY RD
STE 104B
JACKSONVILLE, FL 32257

New Mailing Address:

2955 HARTLEY RD
STE 104B
JACKSONVILLE, FL 32257

FEI Number: 58-2597276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAVER, JULIE
2955 HARTLEY RD STE 104B
JACKSONVILLE, FL 32257 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: DP ( ) Delete
Name: WELLS, NANCY
Address: 7625 KELMSCOT WAY
City-St-Zip: RALEIGHT, NC 27615

Title: DV ( ) Delete
Name: ANDERSON, LISA
Address: 1547 MAYFIELD RD
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete
Name: MARSHBURN, CARLA
Address: 134 WIND CHIME CT
City-St-Zip: RALEIGH, NC 27615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: MARSHBURN, CARLA
Address: 5612 HARRINGTON GROVE DR.
City-St-Zip: RALEIGH, NC 27613

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: NANCY W. WELLS DP 02/10/2004

Electronic Signature of Signing Officer or Director — Date