

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031716

FILED  
Mar 07, 2004  
Secretary of State

**Entity Name:** QUICK SERVE ATTORNEY SERVICES, INC.

**Current Principal Place of Business:**

7614 HORSE POND RD  
ODESS, FL 33556

**New Principal Place of Business:**

7614 HORSE POND RD  
ODESSA, FL 33556

**Current Mailing Address:**

7614 HORSE POND RD  
ODESS, FL 33556

**New Mailing Address:**

7614 HORSE POND RD  
ODESSA, FL 33556

**FEI Number:** 04-3626731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCNABB, GENE R  
7614 HORSE POND RD  
ODESS, FL 33556

**Name and Address of New Registered Agent:**

MCNABB, GENE R  
7614 HORSE POND RD  
ODESSA, FL 33556

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:

03/07/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCNABB, GENE R  
Address: 7614 HORSE POND RD  
City-St-Zip: ODESS, FL 33556

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MCNABB, GENE R  
Address: 7614 HORSE POND RD  
City-St-Zip: ODESSA, FL 33556

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: GENE R. MCNABB

D

03/07/2004

Electronic Signature of Signing Officer or Director

Date