


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90654 013 \*\*\*150.00

<b>DOCUMENT # P02000032900</b>	
<b>1. Entity Name</b> THE FLORIDA LEGAL STREET NEWS, INC.	

<b>Principal Place of Business</b> 7638 SIERRA TERRACE W BOCA RATON FL 33433	<b>Mailing Address</b> 7638 SIERRA TERRACE W BOCA RATON FL 33433
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<b>2. Principal Place of Business</b> 7638 W. SIERRA TERRACE	<b>3. Mailing Address</b> 7638 W. SIERRA TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	BOCA RATON

<b>City &amp; State</b> Boca Raton, Florida	<b>City &amp; State</b> FLORIDA
<b>Zip</b> 33433	<b>Country</b> USA
<b>Zip</b> 33433	<b>Country</b> USA



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 04-3628238	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  BURGESS, DARLA G 515 WILDWOOD LANE E DEERFIELD BEACH FL 33442
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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<b>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.</b>	
<b>SIGNATURE</b> <u>Darla Burgess</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>DATE</b> <u>4/8/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P BURGESS, DARLA G 515 WILDWOOD LANE E DEERFIELD BEACH FL 33442	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
ST IRVIN, LINDA 1284 S. MILITARY TRL. APT. 225 DEERFIELD BEACH FL 33442	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.**

<b>SIGNATURE:</b> <u>Darla Burgess</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>DATE</b> <u>4/8/04</u> <b>DAYTIME PHONE #</b> <u>561-702-5991</u>
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