

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000062777

FILED  
Jan 21, 2004  
Secretary of State

Entity Name: PARALEGALS OF KEY WEST, INC.

## Current Principal Place of Business:

500 FLEMING ST  
KEY WEST, FL 33040

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 430198  
BIG PINE KEY, FL 330430198

## New Mailing Address:

500 FLEMING ST  
KEY WEST, FL 33040

FEI Number: 54-2097625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAMES, MANUEL W  
500 FLEMING STREET  
KEY WEST, FL 33040 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: JAMES, MANUEL W  
Address: P.O. BOX 430198  
City-St-Zip: BIG PINE KEY, FL 330430198

Title: VSTD ( ) Delete  
Name: JAMES, MARY  
Address: PO BOX 430498  
City-St-Zip: KEY WEST, FL 33045

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: JAMES, MANUEL W  
Address: 500 FLEMING STREET  
City-St-Zip: KEY WEST, FL 33040

Title: VSTD (X) Change ( ) Addition  
Name: JAMES, MARY  
Address: 500 FLEMING STREET  
City-St-Zip: KEY WEST, FL 33040

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: MANUEL W. JAMES

PD

01/21/2004

Electronic Signature of Signing Officer or Director

Date