2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P02000079500

1. Entity Name LEGAL SUPPORT SERVICES OF FLORIDA, INC.



Aug 23, 2004 8:00 am Secretary of State 08-23-2004 90021 045 ***150.00

FILED

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Principal Place of Business Mailing Address 1639 FORUM PLACE, #3 WEST PALM BEACH, FL 33401 Mailing Address 1639 FORUM PLACE, #3 WEST PALM BEACH, FL 33401					2408	9060	
2. Principal Pla	ace of Business	3. Mailing Address	9864 A-46-40-40-40-40-40-40-40-40-40-40-40-40-40-				
Suite, Apt. #	·	Suite, Apt. #, etc.	3,- P.O.B.	08192004	Chg-P	CR2E034 (10/03)	
Zip	BUNCH GARDENS	City & State WEST RIM BO Zip 33401	Country	4. FEI Number 22-396 5. Certificate		\$8.75 Add	
334W	6. Name and Address of Current R			7. Name and	Address of New Reg	Fee Require	<u> </u>
TOMLINSO	ALLEN		Name				
505 N. FLA	GLER DRIVE, SUITE 1100 M BEACH, FL 33401		Street Address	s (P.O. Box Numbe	er is Not Acceptable)		Petrol
			City			FL Zip Cod	e
the obligation	named entity submits this statement for one of registered agent.	the purpose of changing its re	egistered office or regist	tered agent, or bot	h, in the State of Flori	da. I am familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent an	d title # applicable. (NOTE:	Registered Agent signalure requi	red when reinstating)	<u> </u>	DATE	
	E NOW!!! FEE IS \$150.00 se by September 8, 2004	9. Election Campaig Trust Fund Contrib	~ _ ~	5.00 May Be		th s. 607.193(2)(b), ot receive the prior	
10.	OFFICERS AND D	HRECTORS	11.	ADDITIONS/	CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11
NAME	D SMITH, EDWARD M 1639 FORUM PLACE, #3	Delete	TITLE D NAME & D STREET ADDRESS	LARD M.	SMITH rity firms	#Change pd. #301	☐ Addition
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	P. 100	CITY-ST-ZIP	HLM BE	ACH GARDI	end ten :	33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 1 1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		4.41	☐ Change	Addition
indicated	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, where the supplemental reports the supplemental reports or the supplemental reports of the supplemental report is supplemental report in the supplemental report is supplementa	true and accurate and that m	y signature shall have thas required by Chapter 6	ne same legal effec 607, Florida Statute	t as if made under or	ath: that I am an office	r or director