

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000027710

FILED
Apr 20, 2009
Secretary of State

Entity Name: PARALEGAL & DOCUMENT SUPPORT, INC.

Current Principal Place of Business:

61 MILLHOLLAND STREET
OAKLAND, FL 34760

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1055
OAKLAND, FL 34760

New Mailing Address:

FEI Number: 26-2186975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKKER, LISA F
POST OFFICE BOX 1055
OAKLAND, FL 34760 US

Name and Address of New Registered Agent:

FINELLI, LISA F
61 MILLHOLLAND STREET
OAKLAND, FL 34760 US

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: LISA F. FINELLI

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAKKER, LISA F
Address: POST OFFICE BOX 1055
City-St-Zip: OAKLAND, FL 34760

Title: VP () Delete
Name: BAKKER, LISA F
Address: POST OFFICE BOX 1055
City-St-Zip: OAKLAND, FL 34760

Title: S () Delete
Name: BAKKER, LISA F
Address: POST OFFICE BOX 1055
City-St-Zip: OAKLAND, FL 34760

Title: T () Delete
Name: BAKKER, LISA F
Address: POST OFFICE BOX 1055
City-St-Zip: OAKLAND, FL 34760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FINELLI, LISA F
Address: POST OFFICE BOX 1055
City-St-Zip: OAKLAND, FL 34760

Title: VP (X) Change () Addition
Name: FINELLI, LISA F
Address: POST OFFICE BOX 1055
City-St-Zip: OAKLAND, FL 34760

Title: S (X) Change () Addition
Name: FINELLI, LISA F
Address: POST OFFICE BOX 1055
City-St-Zip: OAKLAND, FL 34760

Title: T (X) Change () Addition
Name: FINELLI, LISA F
Address: POST OFFICE BOX 1055
City-St-Zip: OAKLAND, FL 34760

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LISA F. FINELLI

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date