

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90021 044 \*\*\*150.00

**DOCUMENT # P94000078825**



1. Entity Name  
**LEGAL SUPPORT SERVICES, INC.**

Principal Place of Business  
**515 N FLAGLER DR #325  
WEST PALM BEACH, FL 33401 US**

Mailing Address  
**P.O. BOX 75  
WEST PALM BEACH, FL 33402**

2. Principal Place of Business  
**11000 Prosperity Arms Rd.  
Suite, Apt. #, etc.  
#301**

3. Mailing Address  
**P.O. Box 75  
Suite, Apt. #, etc.  
W.P.B.,**

City & State  
**Palm Beach Gardens, FLA.  
Zip  
33410**

City & State  
**FLA. W.P.B., FLA.  
Zip  
33401**

08192004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0546718**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**TOMLINSON, ALLEN R  
JONES, FOSTER, JOHNSTON & STUBBS P.A.  
505 S FLAGLER DR SUITE 1100  
W PALM BCH, FL 33401**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, EDWARD M</b>	
STREET ADDRESS	<b>1639 FORUM PLACE #3</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDWARD M. SMITH</b>	
STREET ADDRESS	<b>11000 Prosperity Arms Rd. #301</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FLA. 33410</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDWARD M. SMITH**

8/19/2004 561-833-7900

Daytime Phone #