



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000066963 1. Entity Name HERRING PARALEGAL SERVICES, INC.	
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Principal Place of Business 2970 HUNTINGTON DRIVE TALLAHASSEE, FL 32312	Mailing Address PO BOX 13012 TALLAHASSEE, FL 32317-3012
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DO NOT WRITE IN THIS SPACE

FILED
04 APR 30 AM 9:35
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3334707	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HERRING, JOY B. CLA, CFLA
2970 HUNTINGTON DRIVE
TALLAHASSEE, FL 32312**

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	600036043686 05/11/04--01032--006 **150.00
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10. OFFICERS AND DIRECTORS

TITLE PST	NAME HERRING, JOY B. CLA, CFLA
STREET ADDRESS 2970 HUNTINGTON DRIVE	
CITY-ST-ZIP TALLAHASSEE, FL 32312	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **President** **858/385-7320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #