

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000071945

FILED
Mar 04, 2005
Secretary of State

Entity Name: TRI-COUNTY PARALEGAL SERVICES, INCORPORATED

Current Principal Place of Business:

5510 RIVER ROAD
SUITE 109
NEW PORT RICHEY, FL 34651

New Principal Place of Business:

5510 RIVER ROAD
SUITE 109
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5510 RIVER ROAD
SUITE 109
NEW PORT RICHEY, FL 34651

New Mailing Address:

5510 RIVER ROAD
SUITE 109
NEW PORT RICHEY, FL 34652

FEI Number: 59-3528780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SORGMAN, FRANCIS M
1930 COOLIDGE DR.
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

SORGMAN, FRANCIS M
5510 RIVER ROAD
109
NEW PORT RICHEY, FL 34652 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: FRANCIS M. SORGMAN

03/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SORGMAN, FRANCIS M
Address: 1930 COOLIDGE DR.
City-St-Zip: HOLIDAY, FL 34691

Title: DP (X) Delete
Name: SORGMAN, PATRICIA I
Address: 1930 COOLIDGE DR.
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SORGMAN, FRANCIS M
Address: 5510 RIVER ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANCIS M. SORGMAN

PRES

03/04/2005

Electronic Signature of Signing Officer or Director

Date