

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000105233

1. Entity Name
EMC PARALEGAL SERVICES, INC.



Principal Place of Business
**5591 N. WINSTON PARK BLVD.
207
COCONUT CREEK, FL 33073**

Mailing Address
**P.O BOX 2051
POMPAHO BEACH, FL 33061**

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0884320** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CLARK, ELLEN M
5591 N. WINSTON PARK BLVD. #207
SUITE 5
COCONUT CREEK, FL 33073**

**DO NOT WRITE
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 *Ellen M. Clark* **ELLEN M. CLARK**
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. ☐ **\$5.00 May Be Added to Fees**

000000062553
02/23/04 00127 007 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CLARK, ELLEN M**
STREET ADDRESS **5591 N. WINSTON PARK BLVD. #207**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ellen M. Clark* **ELLEN M. CLARK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-461-7161