

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90063 031 ***150.00

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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
POMPANO BEACH, FL 33061

50002995



2. Principal Place of Business
1942 NE 2ND ST
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State
Deerfield Bch FL
Zip 33441 Country USA

City & State
Zip Country

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

7. Name and Address of New Registered Agent

Name
ELLEN M CLARK
Street Address (P.O. Box Number is Not Acceptable)
1942 NE 2ND Street
City Deerfield Bch FL Zip Code 33441

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ELLEN M CLARK
STREET ADDRESS 1942 NE 2ND Street
CITY-ST-ZIP Deerfield Bch FL 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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 and empowered.

SIGNATURE:

Ellen M Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/05 934-461-7161

ELLEN M CLARK