

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # 760798

1. Entity Name
FLORIDA LAWYERS SUPPORT SERVICES, INC.



Principal Place of Business
1320 N. SEMORAN BLVD.
STE. 206
ORLANDO, FL 32807 US

Mailing Address
P.O. BOX 568157
ORLANDO, FL 32856 US



02042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2158852 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALLER, ROLAND D ESQ
5332 MAIN STREET
NEW PORT RICHEY, FL 34652-2509

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000832422
02/27/08-80059-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ISPHORDING, ROGER O.
STREET ADDRESS	240 NOKOMIS AVE. S., 200
CITY-ST-ZIP	VENICE, FL 34285
TITLE	SD
NAME	WALLER, ROLLAND D ESQ
STREET ADDRESS	5332 MAIN ST
CITY-ST-ZIP	NEW PORT RICHEY, FL 346522509
TITLE	D
NAME	BRENNAN, DAVID C ESQ
STREET ADDRESS	1214 E ROBINSON ST
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D
NAME	EDWARD F. KOREN, ESQ.
STREET ADDRESS	100 N. TAMPA ST., 4100
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	GRIMSLEY, JOHN G ES
STREET ADDRESS	50 N LAURA ST STE 2150
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	SHERMAN, WILLIAM E.
STREET ADDRESS	145 E RICH AVE. STE C
CITY-ST-ZIP	DELAND, FL 32724

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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

ROGER ISPHORDING

2/12/08

Date

941/946-1518

Daytime Phone #