

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760798

FILED
Jan 13, 2010
Secretary of State

Entity Name: FLORIDA LAWYERS SUPPORT SERVICES, INC.

Current Principal Place of Business:

1320 N. SEMORAN BLVD.
STE. 206
ORLANDO, FL 32807 US

New Principal Place of Business:

1320 N. SEMORAN BLVD.
STE. 103
ORLANDO, FL 32807 US

Current Mailing Address:

P.O. BOX 568157
ORLANDO, FL 32856 US

New Mailing Address:

FEI Number: 59-2158852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLER, ROLAND D ESQ
5332 MAIN STREET
NEW PORT RICHEY, FL 346522509 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ISPHORDING, ROGER O.
Address: 240 NOKOMIS AVE. S., 200
City-St-Zip: VENICE, FL 34285

Title: SD
Name: WALLER, ROLLAND D ESQ
Address: 5332 MAIN ST
City-St-Zip: NEW PORT RICHEY, FL 346522509

Title: D
Name: BRENNAN, DAVID C ESQ
Address: 1302 E ROBINSON ST
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: EDWARD F. KOREN, ESQ.
Address: 100 N. TAMPA ST., 4100
City-St-Zip: TAMPA, FL 33602

Title: D
Name: GRIMSLEY, JOHN G ES
Address: 50 N LAURA ST STE 2150
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: SHERMAN, WILLIAM E.
Address: 145 E RICH AVE, STE C
City-St-Zip: DELAND, FL 32724

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROGER O. ISPHORDING, ESQ.

PD

01/13/2010

Electronic Signature of Signing Officer or Director

_____ Date