2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #633055

Entity Name

THE ATTORNEYS' NATIONAL CLEARING HOUSE CO.



FILED Feb 05, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

926 NORTHWEST 13TH STREET GAINESVILLE, FL 32601 US

PO BOX 142828

GAINESVILLE, FL 32614 US



01292007

No Chg-P

CR2E034 (11/05)

4. FEI Number 41-0133200 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRASHEAR, BRUCE ESQ. 926 NW 13TH STREET GAINESVILLE, FL 32601

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the pions of registered agent. | purpose of changing its registere | d office or | registered agent, or bo | ith, in the State of Florida. I am familiar with, and accept | |
|---|---|-----------------------------------|----------------|--------------------------------|--|-------------|
| SIGNATURE | Signature, typed or printed name of registered agent and title | if appacable (NOTE: Registered | Agent signatur | e required when reinstating) | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | cing | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-\$1-ZIP | CSD BIRK, JOSEPH A. 10167 SW 51ST LN GAINESVILLE, FL 332608 | | | | 000000620965 02/09/07-80056-025 150.0 | n |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD BIRK, JOHN M. 10442 SW 49TH LN GAINESVILLE, FL 32608 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BIRK, JONATHAN A. 5908 SOUTHWEST 89TH TERRACE GAINESVILLE, FL 32608 | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| 7.71.5 | | | | | | 1 |

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 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/07

25J-336-224A

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Daytime Phone #