
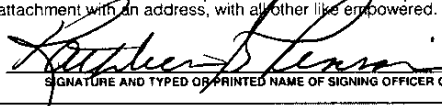


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90354 022 ***158.75

DOCUMENT # 659157 1. Entity Name PRE-PAID LEGAL SERVICES, INC. OF FLORIDA					
Principal Place of Business ONE PRE-PAID WAY ADA, OK 74820			Mailing Address 321 E MAIN ST PO BOX 145 ADA, OK 74820		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address ONE PRE-PAID WAY Suite, Apt. #, etc.			
City & State		City & State ADA, OK		4. FEI Number 73-1089024	
Zip 74820		Country		5. Certificate of Status Desired XX \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONECIPHER, HARLAND RT 1 BOX 39 CENTRAHOMA, OK 74534	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PINSON, KATHLEEN SUSAN 301 S LAZY LANE ADA, OK 74820	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARP, RANDY RT 2 BOX 89Y ADA, OK 74820	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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)(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 another like empowered.					
SIGNATURE: 		KATHLEEN S. PINSON		4/25/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>(580) 436-1234</small> <small>Daytime Phone #</small>	

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04222005 Chg-P CR2E034 (10/03)

4. FEI Number
73-1089024

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

7. Name and Address of New Registered Agent

 Name

 Street Address (P.O. Box Number is Not Acceptable)

 City **FL** Zip Code

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10. OFFICERS AND DIRECTORS

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CITY-ST-ZIP

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RT 1 BOX 39
CENTRAHOMA, OK 74534

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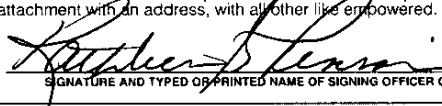
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SIGNATURE:  **KATHLEEN S. PINSON** **4/25/05** **(580) 436-1234**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (580) 436-1234 Daytime Phone #