

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 08:00 AM
Secretary of State

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 ONE PRE-PAID WAY ADA, OK 74820
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DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1089024	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONECIPHER, HARLAND RT 1 BOX 39 CENTRAHOMA, OK 74534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PINSON, KATHLEEN SUSAN 14591 COUNTY ROAD 3588 ADA, OK 74820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARP, RANDY 13185 COUNTY ROAD 3510 ADA, OK 74820
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 06/01/06-90002-001 158.75

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: Kathleen S. Pinson KATHLEEN S. PINSON / 04/28/06 580/436-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KATHLEEN S. PINSON SECRETARY/TREASURER