
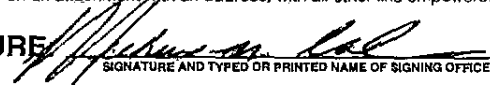


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 729184</b>			
1. Entity Name <b>LEGAL SERVICES OF THE CHARLOTTE COUNTY BAR ASSOCIATION, INC.</b>			
Principal Place of Business <b>350 E. MARION AVENUE PUNTA GORDA, FL 33950 US</b>		Mailing Address <b>18501 MURDOCK CIRCLE 6TH FLOOR PORT CHARLOTTE, FL 33948 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		03232005 No Chg-NP CR2E037 (10/03)	
		4. FEI Number <b>59-1925514</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RUSSELL, W. KEVIN 18501 MURDOCK CIRCLE 6TH FLOOR PORT CHARLOTTE, FL 33948</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	PD		
NAME	RUSSEL, W. KEVIN		
STREET ADDRESS	18501 MURDOCK CIRCLE, 6TH FLOOR		
CITY-ST-ZIP	PORT CHARLOTTE, FL		
TITLE	VD		
NAME	ROSS, WARREN		
STREET ADDRESS	223 TAYLOR STREET		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		
TITLE	SD		
NAME	LUCAS, JASON		
STREET ADDRESS	2315 AARON STREET		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
TITLE	TD		
NAME	WILSON, MICHAEL M		
STREET ADDRESS	18501 MURDOCK CIRCLE, STE. 101		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 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.			
<b>SIGNATURE</b> 		<b>Michael M. Wilson</b> <b>3/23/05</b> <b>941-624-2700</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	