2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State
03-07-2007 90015 008 ****61.25

DOCUMENT # 760798

1. Entity Name

FLORIDA LAWYERS SUPPORT SERVICES, INC.

Principal Place of Business	Mailing Address
~~5205 S ORANGE AVE.~~ ~~STE. 200~~ ~~ORLANDO FL 32809~~ ~~US~~	P.O. BOX 568157 ORLANDO FL 32856 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1320 N SEMORAN BLVD	
Suite, Apt. #, etc.: SUITE 206	Suite, Apt. #, etc.
City & State: ORLANDO, FLORIDA	City & State
Zip: 32807 Country: US	Zip Country

4. FEI Number: 59-2158852 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALLER, ROLAND D ESQ 5332 MAIN STREET NEW PORT RICHEY FL 34652-2509	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ISPHORDING, ROGER O. 240 ~~NAKOMIS~~ AVE S STE 200 VENICE FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition NOKOMIS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WALLER, ROLLAND D ESQ 5332 MAIN ST NEW PORT RICHEY FL 34652-2509	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRENNAN, DAVID C ESQ 1214 E ROBINSON ST ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARD F. KOREN, ESQ. ~~10~~ N TAMPA ST STE 4100 TAMPA FL ~~33601~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 100 33602 ESQ
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN G, GRIMSLEY ~~E~~ 50 N LAURA ST STE 2150 JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHERMAN, WILLIAM E. 145 E RICH AVE, STE C DELAND FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

SIGNATURE: _____ 2-26-07 941/488-7757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #