

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H02917

FILED
Jul 19, 2005
Secretary of State

Entity Name: LMO AMERICA LEGAL EXPENSE INSURANCE CORPORATION

Current Principal Place of Business:

9550 REGENCY SQUARE BLVD
SUITE 711
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

9550 REGENCY SQUARE BLVD
SUITE 711
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-2617678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, PETER O
9550 REGENCY SQUARE SUITE 711
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FIORENTINO, T. MARTIN
Address: 9550 REGENCY SQUARE BLVD, SUITE 711
City-St-Zip: JACKSONVILLE, FL 32225

Title: PD () Delete
Name: HAYES, PETER D
Address: 9550 REGENCY SQUARE BLVD SUITE 711
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: BRANT, WILLIAM ESQ
Address: 9550 REGENCY SQUARE BLVD, SUITE 711
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: BUTTNER, EDWARD
Address: 9550 REGENCY SQUARE BLVD, SUITE 711
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER HAYES

D

07/19/2005

Electronic Signature of Signing Officer or Director

Date