

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K49774

Entity Name: WORK COMP ASSOCIATES, INC.

FILED  
Jan 04, 2007  
Secretary of State

## Current Principal Place of Business:

9250 ALTERNATE A1A  
STE A  
NORTH PALM BEACH, FL 33403

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 33297  
PALM BEACH GARDENS, FL 33420

## New Mailing Address:

FEI Number: 65-0086933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BYRD, BARRY B.  
7108 FAIRWAY DRIVE  
SUITE 225  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

BYRD, BARRY B.  
4600 MILITARY TRAIL  
SUITE 212  
JUPITER, FL, FL 33458 US

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: \_\_\_\_\_

01/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HOLLEMAN, MICHAEL D  
Address: 9250 ALTERNATE A1A, SUITE A  
City-St-Zip: NORTH PALM BEACH, FL 33403

Title: VP ( ) Delete  
Name: HALL, CATHY L  
Address: 9250 ALTERNATE A1A, SUITE A  
City-St-Zip: NORTH PALM BEACH, FL 33403

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: HOLLEMAN, CATHY L  
Address: 9250 ALTERNATE A1A, SUITE A  
City-St-Zip: NORTH PALM BEACH, FL 33403

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHAEL D HOLLEMAN

PRES

01/04/2007

Electronic Signature of Signing Officer or Director

Date