


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90435 012 ***150.00

DOCUMENT # L83630 1. Entity Name WORKERS COMPENSATION SERVICES, INC.					
Principal Place of Business C/O HENRY J. WIDICK P O BOX 2703 SARASOTA, FL 34230			Mailing Address C/O HENRY J. WIDICK P O BOX 2703 SARASOTA, FL 34230		
2. Principal Place of Business 4615 SUMMERWIND DR		3. Mailing Address P O Box 2703			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SARASOTA, FL		City & State SARASOTA FL			
Zip 34234		Country USA		Zip 34230	
Country USA		Country USA			
6. Name and Address of Current Registered Agent WIDICK, JAMES H 4615 SUMMERWIND DR SARASOTA, FL 34234			7. Name and Address of New Registered Agent Name WIDICK, JAMES H. Street Address (P.O. Box Number is Not Acceptable) 4615 SUMMERWIND DR City SARASOTA, FL Zip Code 34234		
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WIDICK, JAMES H 4615 SUMMERWIND DRIVE SARASOTA, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>James H. Widick</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			APRIL 25 2006 941-355-3670 Date Daytime Phone #		



04212006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0204250** Applied For ☐ Not Applicable ☐

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