


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L99692 1. Entity Name MEDICAL ESCROW SOCIETY, INC.	
----------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 601 N NEW YORK STE 202 WINTER PARK, FL 32789	Mailing Address 601 N NEW YORK STE 202 WINTER PARK, FL 32789
------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3040150	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	------------------------------------------

5. Name and Address of Current Registered Agent SALTSMAN, ROBERT P 222 S PENNSYLVANIA AVENUE STE 200 WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000062978 02/23/04-80144-001 150.00
-------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	-------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANE, CHRISTOPHER 601 N NEW YORK AVE STE 202 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CORDRAY, SIMON 601 N NEW YORK AVENUE STE 202 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD VALDES, GRIFFIN 601 N NEW YORK AVE STE 202 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2-12-04 <small>Date</small>	407-740-7654 <small>Daytime Phone #</small>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------	-------------------------------------------------------