

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90025 030 ***150.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3040150

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SALTSMAN, ROBERT P
222 S PENNSYLVANIA AVENUE
STE 200
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LANE, CHRISTOPHER ☐ Delete
STREET ADDRESS 601 N NEW YORK AVE STE 202
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VPD
NAME CORDRAY, SIMON ☒ Delete
STREET ADDRESS 601 N NEW YORK AVENUE STE 202
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE TSD
NAME VALDES, GRIFFIN ☒ Delete
STREET ADDRESS 601 N NEW YORK AVE STE 202
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Change ☐ Addition
NAME LANE, CHRISTOPHER
STREET ADDRESS 601 N. NEW YORK AVE. STE 202
CITY-ST-ZIP WINTER PARK FL 32789

TITLE TSD ☒ Change ☐ Addition
NAME LANE, CHRISTOPHER
STREET ADDRESS 601 N. NEW YORK AVE. STE 202
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-800-422-1314