2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L99692

1. Entity Name
MEDICAL ESCROW SOCIETY, INC.

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

DO NOT WRITE IN THIS SPACE

02172006 No Chg-P CR2E034 (11/05)

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 PENNSYVANIA AVENUE
STE 200
WINTER PARK, FL 32789

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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
STREET ADDRESS	601 N NEW YORK AVE STE 202
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VPD
NAME	LANE, CHRISTOPHER
STREET ADDRESS	601 N NEW YORK AVENUE STE 202
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	TSD
NAME	LANE, CHRISTOPHER
STREET ADDRESS	601 N NEW YORK AVE STE 202
CITY-ST-ZIP	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	

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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: Christopher Lane Pres. CHRISTOPHER LANE 2/21/06 800-422-13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #