## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L99692

Entity Name: MEDICAL ESCROW SOCIETY, INC.

FILED Jun 05, 2007 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

601 NORTH NEW YORK AVE. SUITE 202 7932 WEST SAND LAKE RD WINTER PARK, FL 32789

304

ORLANDO, FL 32819

**Current Mailing Address: New Mailing Address:** 

601 NORTH NEW YORK AVE. SUITE 202 7932 WEST SAND LAKE RD

WINTER PARK, FL 32789 ORLANDO, FL 32819

FEI Number: 59-3040150 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SALTSMAN, ROBERT P LANE, CHRISTOPHER R S 222 S. PENŃSYVANIA AVE. SUITE 200 11036 SCHOONER WAY WINTER PARK, FL 32789 US WINDERMERE, FL 34741

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: CHRISTOPHER LANE 06/05/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition LANE, CHRISTOPHER LANE, CHRISTOPHER Name: Name: 601 N NEW YORK AVE STE 202 7932 WEST SAND LAKE RD Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: ORLANDO, FL 32819

( ) Delete VPD Title: VPD (X) Change ( ) Addition Title: Name: LANE, CHRISTOPHER Name: LANE. CHRISTOPHER

601 N NEW YORK AVENUE STE 202 7932 WEST SAND LAKE RD Address: Address: ORLANDO, FL 32819 City-St-Zip: WINTER PARK, FL 32789 City-St-Zip:

Title: Title: (X) Change ( ) Addition TSD () Delete TSD LANE, CHRISTOPHER LANE, CHRISTOPHER Name: Name:

601 N NEW YORK AVE STE 202 7932 WEST SAND LAKE RD Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER LANE DIRC 06/05/2007