2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# M61065

Entity Name: ASSOCIATES AND BRUCE L. SCHEINER PERSONAL INJURY LAWYERS, P.A.

Current Principal Place of Business:

4020 EVANS AVE.
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 61412
FORT MYERS, FL 339061412 US

New Mailing Address:

FEI Number: 65-0016752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREEMAN, PAUL H., ESQ.
1840 W 49TH ST
STE 410
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete
Name: SCHEINER, BRUCE L
Address: 4020 EVANS AVE.
City-St-Zip: FT. MYERS, FL 33901

Title: AS ( ) Delete
Name: FREEMAN, PAUL H.,
Address: 1840 W 49TH ST STE 410
City-St-Zip: HIALEAH, FL 33012

Title: VP ( ) Delete
Name: SPIVEY, RANDALL L
Address: 15151 INTRACOSTAL CT
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: PRESTON, SCHEINER J
Address: PO BOX 61412
City-St-Zip: FORT MYERS, FL 33906

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: BRUCE L SCHEINER PDS 04/01/2008

Electronic Signature of Signing Officer or Director — Date