

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2006
Secretary of State**

DOCUMENT# N94000003242

Entity Name: THE LEGAL DEFENSE FUND OF SPECIALTY AGENTS, INC.

Current Principal Place of Business:

4501 N. NEBRASKA AVE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9015
TAMPA, FL 33674

New Mailing Address:

FEI Number: 65-0576639 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BERMAN, JED
180 S. KNOWLES
WINTER PARK, FL 32790 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DECKER, ADRIENNE
Address: 4501 N. NEBRASKA AVE
City-St-Zip: TAMPA, FL 33603

Title: DS (X) Delete
Name: SIELING, JACU
Address: 3457 CENTIAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: D () Delete
Name: GRAVES, SUSAN
Address: 685 MASON AVE
City-St-Zip: DAYTON BEACH, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN GRAVES

D

04/14/2006

Electronic Signature of Signing Officer or Director

Date