

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90023 022 \*\*\*150.00

DOCUMENT # P0000090233

1. Entity Name  
 DOCUMENT PREPARATION SPECIALIST INC.



Principal Place of Business

~~819 NORTH PINE HILL ROAD~~  
~~ORLANDO, FL 32808~~  
 1716 Talloway Way  
 Orlando FL 32818

Mailing Address

1716 TALLOWAY  
 ORLANDO, FL 32818

**DO NOT WRITE IN THIS SPACE**



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3673093 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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, 2008 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 DOUGLAS, LORNA E  
 STREET ADDRESS 819 NORTH PINE HILL ROAD  
 CITY-ST-ZIP ORLANDO, FL 32808

TITLE VD  
 NAME URQUHART, MICHELLE D  
 STREET ADDRESS 819 NORTH PINE HILL ROAD  
 CITY-ST-ZIP ORLANDO, FL 32808

TITLE SD  
 NAME PENNY, SAMANTHA R  
 STREET ADDRESS 819 NORTH PINE HILL ROAD  
 CITY-ST-ZIP ORLANDO, FL 32808

TITLE TD  
 NAME AMOS, KARIM N  
 STREET ADDRESS 819 NORTH PINE HILL ROAD  
 CITY-ST-ZIP ORLANDO, FL 32808

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_

*Lorna Douglas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08

Date

Daytime Phone #