

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000114515

FILED  
Feb 02, 2004  
Secretary of State

**Entity Name:** NATIONAL WORKERS COMPENSATION RECOVERY SYSTEMS, INC.

**Current Principal Place of Business:**

230 EAST PARK AVENUE  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

230 EAST PARK AVENUE  
LAKE WALES, FL 33853

**New Mailing Address:**

**FEI Number:** 59-3304363

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 323010000 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: PD ( ) Delete  
Name: BARTLETT, THOMAS E  
Address: 250 E. PARK AVE.  
City-St-Zip: LAKE WALES, FL 33853

Title: SD ( ) Delete  
Name: HERSHNER, DEBI  
Address: 230 EAST PARK AVE.  
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete  
Name: CAMPBELL, BONNIE A  
Address: 230 EAST PARK AVE.  
City-St-Zip: LAKE WALES, FL 33853

**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 Section 119.07(3)(i), 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: THOMAS E. BARTLETT

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02/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date