

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000114515	
1. Entity Name NATIONAL WORKERS COMPENSATION RECOVERY SYSTEMS, INC.	
Principal Place of Business 244 EAST PARK AVENUE LAKE WALES, FL 33853	Mailing Address P.O. BOX 545 WAVERLY, FL 33877



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3686564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent HAFF, TULA M ESQUIRE 3399 CYPRESS GARDENS RD SUITE C WINTER HAVEN, FL 33884

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

U000000910256
05/06/08-80096-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUMFELT, THOMAS B 244 E. PARK AVE. LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HERSHNER, DEBORAH L 230 EAST PARK AVE. LAKE WALES, FL 33853
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: DEBORAH L. HERSHNER 03/06/08 800-394-2767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #