## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000004651

Entity Name: CLAIM SERVICES, INC., OF FLORIDA

**FILED** Apr 19, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2424 W. TAMPA BAY BLVD. 7313 CLEOPATRA DRIVE SUITE K-204 LAND-O-LAKES, FL 33637 74

TAMPA, FL 33607

**Current Mailing Address: New Mailing Address:** 

2424 W. TAMPA BAY BLVD. 5905 IRON FRAME WAY SUITE K-204 COLUMBIA, MD 21044 TAMPA, FL 33607

FEI Number: 30-0020801 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

STANGE, ROBERT W STANGE, ROBERT W 2424 W. TAMPA BAY BLVD. 103 BRIER CIRCLE K-204 JUPITER, FL 33458 US

TAMPA, FL 33607 US

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: 04/19/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition WALLACE, ROY C Name: Name: WALLACE, ROY C

770 PATTERSON MILL ROAD 770 PATTERSON MILL ROAD Address: Address: City-St-Zip: GROTTOES, MD 24441 City-St-Zip: GROTTOES, VA 24441

Title: **VPS** (X) Change ( ) Addition Title: () Delete Name: STANGE, ROBERT W SR. Name: STANGE, ROBERT W SR.

2424 W.TAMPA BAY BLVD. SUITE K-204 103 BRIER CIRCLE Address: Address: TAMPA, FL 33607 JUPITER, FL 33458 City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: () Delete

DIXON, GLENN T Name: DIXON, GLENN T Name: 5905 IRON FRAME WAY 5905 IRON FRAME WAY Address: Address: City-St-Zip: COLUMBIA, MD 21044 City-St-Zip: COLUMBIA, MD 21044

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. STANGE S 04/19/2007