


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000032335**

1. Entity Name  
**THE INSTITUTE FOR CORPORATE SECURITIES  
RESEARCH, INC.**



Principal Place of Business  
**1055 MAITLAND CENTER COMMONS  
MAITLAND, FL 32751**

Mailing Address  
**1055 MAITLAND CENTER COMMONS  
MAITLAND, FL 32751**



01232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1505643** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**COVERT, TERRY  
1055 MAITLAND CENTER COMMONS  
MAITLAND, FL 32751**

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	PTD ALLY, ARTHUR D 1055 MAITLAND CENTER COMMONS MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ALLY, CAMALEE 1055 MAITLAND CENTER COMMONS MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLY, STEPHEN 1055 MAITLAND CENTER COMMONS MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COVERT, TERRY 1055 MAITLAND CENTER COMMONS MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLY, CHERYL M 1055 MAITLAND CENTER COMMONS MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

01/31/08-80018-022-158.75

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:** *Terry Covert* *TERRY COVERT* 01/25/08 4076441986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #