

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100530

Entity Name: WORK COMP SPECIALISTS, INC.

FILED
Jan 04, 2006
Secretary of State

Current Principal Place of Business:

3302 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

11555 CENTRAL PARKWAY
SUITE 703
JACKSONVILLE, FL 32224

Current Mailing Address:

PO BOX 9435
PANAMA CITY BEACH, FL 32417

New Mailing Address:

FEI Number: 20-1133306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, J. KEVIN
3302 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

CAMPBELL, J. KEVIN
11555 CENTRAL PARKWAY
SUITE 703
JACKSONVILLE, FL 32224 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:

01/04/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPBELL, J. KEVIN
Address: 3302 SAWGRASS VILLAGE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAMPBELL, J. KEVIN
Address: 11555 CENTRAL PARKWAY, STE 703
City-St-Zip: JACKSONVILLE, FL 32224

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: J. KEVIN CAMPBELL

P

01/04/2006

Electronic Signature of Signing Officer or Director

Date