


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90042 035 ***150.00

DOCUMENT # P05000056148	
1. Entity Name FLORIDA WORKERS COMPENSATION, INC.	

Principal Place of Business 417 N SAFFORD AVE TARPON SPRINGS, FL 34689-3465	Mailing Address 417 N SAFFORD AVE TARPON SPRINGS, FL 34689-3465
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2. Principal Place of Business 3442 Chapel Creek Circle Suite, Apt. #, etc	3. Mailing Address SAME Suite, Apt. #, etc
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City & State Wesley Chapel, FL	City & State
Zip 33543-7704	Country PASLO



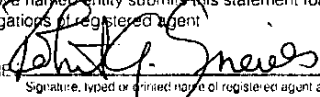
02022006 Chg-P CR2E034 (11/05)

4. FEI Number 20 2730542	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHALLMO, DAVID 417 N SAFFORD AVE TARPON SPRINGS, FL 34689-3465	
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7. Name and Address of New Registered Agent Name: Robert G. Grieves Street Address (P.O. Box Number is Not Acceptable) 3442 Chapel Creek Circle City: Wesley Chapel FL Zip Code: 33543-7704	
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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:  ROBERT G. GRIEVES	DATE: 2/2/2006

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SCHALLMO, DAVID 417 N SAFFORD AVE TARPON SPRINGS, FL 346893465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 info empowered.	
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SIGNATURE:  DAVID SCHALLMO	DATE: 2/2/06	DAYTIME PHONE #: 727 514 0367
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