

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056148

FILED
Jan 11, 2008
Secretary of State

Entity Name: FLORIDA WORKERS COMPENSATION, INC.

Current Principal Place of Business:

3442 CHAPEL CREEK CIR
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

19571 LILY POND COURT
BROOKSVILLE, FL 34601

Current Mailing Address:

3442 CHAPEL CREEK CIRCLE
WESLEY CHAPEL, FL 33543

New Mailing Address:

19571 LILY POND COURT
BROOKSVILLE, FL 34601

FEI Number: 20-2730542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIEVES, ROBERT G
3442 CHAPEL CREEK CIR
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

GRIEVES, ROBERT G
19571 LILY POND COURT
BROOKSVILLE, FL 34601 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:

01/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCHALLMO, DAVID
Address: 5510 RIVER RD. SUITE 214
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID SCHALLMO

PRES

01/11/2008

Electronic Signature of Signing Officer or Director

Date