

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-10-2006 90105 044 ***150.00

DOCUMENT # P05000063935 1. Entity Name FLORIDA LEGAL RESEARCH GROUP CORPORATION					
Principal Place of Business 303 EAST PAR STREET ORLANDO FL 32804			Mailing Address 303 EAST PAR STREET ORLANDO FL 32804		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 56-2512265	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
5. Name and Address of Current Registered Agent DEMRO, PHILIP A 1404 E. ROBINS STREET ORLANDO FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 (re)electing) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NISBETT, JOSEPH W 1133 BRYN MAWR STREET ORLANDO FL 32804 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Joe Nisbett</i></u> JOE NISBETT, PRES. <u>4/26/06</u> <u>407-628-3880</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					