

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90026 028 ***150.00

DOCUMENT # P05000134511

1. Entity Name
NATIONWIDE CLAIM FILING SERVICES, INC.



Principal Place of Business
945 NW 17TH AVE
OCALA, FL 34475

Mailing Address
POB 4353
OCALA, FL 34478

60023323



2. Principal Place of Business - No P.O. Box #
8880 SW 27TH AVE

3. Mailing Address

Suite, Apt. #, etc.
A-81

Suite, Apt. #, etc.

01112008 Chg-P CR2E034 (12/06)

City & State
OCALA FLORIDA

City & State

4. FEI Number
56-2540954

Applied For
Not Applicable

Zip
34476

Country
MARION

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCO, DEWEY L
8880 SW 27TH AVE A-81
OCALA, FL 34476

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(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
FRANCO, DEWEY L
8880 27TH AVE A-81
OCALA, FL 34476 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
FRANCO, MICHAEL J
POB 3896
OCALA, FL 34478 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
8880 SW 27TH AVE, A-81

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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 like empowered.

SIGNATURE: Dewey L. Franco DEWEY L. FRANCO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-08

352-401-0021