

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90020 043 \*\*\*150.00

**DOCUMENT # P06000088747**

1. Entity Name  
**WORK COMP STRATEGIC SOLUTIONS, INC.**



Principal Place of Business  
**4025 BERMUDA GROVE PLACE  
LONGWOOD, FL 32779 US**

Mailing Address  
**4025 BERMUDA GROVE PLACE  
LONGWOOD, FL 32779 US**

**40036132**



2. Principal Place of Business - No P.O. Box #  
**1525 International Pkwy**  
Suite, Apt. #, etc.  
**Suite 3021**

3. Mailing Address  
**1525 International Pkwy**  
Suite, Apt. #, etc.  
**Suite 3021**

City & State  
**Lake Mary FL**  
Zip  
**32746** Country  
**USA**

City & State  
**Lake Mary FL**  
Zip  
**32746** Country  
**USA**

01312007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-4967590** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ONGIE, KELLY C  
1348 BALLENTYNE PLACE  
APOPKA, FL 32703**

**7. Name and Address of New Registered Agent**

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 *Kelly C Ongie* **Kelly C Ongie, COO** 03/12/07  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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  
**CEO  
GUTSHALL, CHARLES J  
4025 BERMUDA GROVE PLACE  
LONGWOOD, FL 32779** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COO  
ONGIE, KELLY C  
1348 BALLENTYNE PLACE  
APOPKA, FL 32703** ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE  
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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: *Kelly C Ongie* **03/12/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #