


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000040307 1. Entity Name INTERNATIONAL SUBROGATION RECOVERIES, INC.	
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Principal Place of Business 5501 CENTRAL AVE ST PETERSBURG, FL 33710	Mailing Address 5501 CENTRAL AVE ST PETERSBURG, FL 33710
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3464632	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROY L GLASS 5501 CENTRAL AVENUE ST PETERSBURG, FL 33710
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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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASS, ROY ; 5501 CENTRAL AVENUE ST PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEAKLE, C W III 540 4TH ST N SAINT PETERSBURG, FL 33701
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05/28/08-80016-014 150.00

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12. I hereby certify that the information supplied with this report 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Roy L. GLASS, in Pres. 4-28-08 (727) 384-8888