

**FLORIDA CIVIL LAW NOTARY
ANNUAL REPORT
Form DS-DE-39**

Florida Civil-law Notaries

Full Name _____
(Last) (First) (Middle)

Date of Appointment: ____/____/____

Residence Address: _____
(Street) (City) (State) (Zip)

Business Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Business Phone: _____

Florida Drivers License _____ Florida Bar ID Number _____

PROTOCOL

Please provide the name and business address (P.O. Box or Mail Drop Box not acceptable) of a Florida Civil-law Notary who has agreed to take custody of your protocol in the event your appointment is ever suspended or revoked, or you die or become incapacitated:

Full Name _____

If different than business address, please list the physical location of your notary protocol: _____

Having been named as the Florida Civil-law Notary agreeing to accept custody of the protocol of the person filing this annual report, I hereby accept the designation and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties as custodian and I am familiar with and accept the obligations of my position.

Signature

CERTIFICATION

I hereby certify that the information indicated on this annual report is true and accurate and that I understand any false statements herein constitute a violation of section 837.06, Florida Statutes, punishable as provided in sections 775.082 or 775.083, Florida Statutes. I further certify that I am a Florida Civil-law Notary appointed by the Secretary of State and that I am required by Rule 1N-6.001, Florida Administrative Code, to execute this annual report, and that my name appears on this annual report as the Civil-law Notary filing the report.

(Legal Signature of the Florida Civil-law Notary filing this report)

(Print or Type Legal Signature of Florida Civil-Law Notary)

(Date)