


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P20234
 1. Entity Name
 PEARL INSURANCE SERVICES, INC.



Principal Place of Business 1200 E. GLEN AVE. PEORIA HEIGHTS, IL 61616-5348	Mailing Address 1200 E. GLEN AVE. PEORIA HEIGHTS, IL 61616-5348
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-P ___CR2E034 (10/03)

4. FEI Number 37-0817309	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
 1202 HAYES STREET
 SUITE 105
 TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and like if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	CD PEARL, JOHN P. 1200 E. GLEN AVE. PEORIA HEIGHTS, IL 616145348
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEARL, GARY P 1200 E. GLEN AVE. PEORIA HEIGHTS, IL 616165348
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HAGEMANN, JAMES M. 1200 E. GLEN AVE. PEORIA HEIGHTS, IL 616165348
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT RETZER, EUGENE F. 1200 E. GLEN HEIGHTS PEORIA HEIGHTS, IL 616165348
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 02/02/04-80013-018 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  DATE: 1-27-04 DAYTIME PHONE #: 309-888-9000