

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000057299

FILED
May 04, 2004
Secretary of State

Entity Name: PROGRAM INSURANCE MANAGEMENT OF SARASOTA, INC.

Current Principal Place of Business:

2201 CANTU CT
STE 102
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

2201 CANTU CT
STE 102
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 65-0681319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGINNESS, W L
1800 SECOND ST.
SUITE 750
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: HAHN, ALEXANDER D CEO
Address: 3183 DICK WILSON DR
City-St-Zip: SARASOTA, FL

Title: P () Delete
Name: KERR, CHRISTOPHER B PRESIDE
Address: 8852 HUNTINGTON PT DR
City-St-Zip: SARASOTA, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: KERR, CHRISTOPHER B PRESIDE
Address: 22245 PANTHER LOOP
City-St-Zip: BRADENTON, FL 34202

Title: VP () Change (X) Addition
Name: HAGAN, DANIEL J VP
Address: 8309 EAGLE LAKE DR
City-St-Zip: SARASOTA, FL 34241

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER B. KERR

PRES

05/04/2004

Electronic Signature of Signing Officer or Director

Date