

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90002 040 ***150.00

DOCUMENT # V48586

1. Entity Name
INSURANCE DATA CORPORATION-USA



Principal Place of Business
**4182 JUNIPER TERR.
 BOYNTON BEACH, FL 33436**

Mailing Address
**4182 JUNIPER TERR.
 BOYNTON BEACH, FL 33436**

54059811



06282004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-1319145** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WEEMS, WILLIAM FAIN
 4182 JUNIPER TERRACE
 BOYNTON BEACH, FL 33436**

**DO NOT WRITE
 IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEEMS, WILLIAM FAIN
STREET ADDRESS	4182 JUNIPER TERRACE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	V
NAME	WEEMS, CLAIRE
STREET ADDRESS	4182 JUNIPER TERRACE
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: William Fain Weems
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/04 5611
 Date Daytime Phone #
735-3900

WILLIAM FAIN WEEMS

Attachment 54059811
#V48586

**INSURANCE DATA
CORPORATION**

**4182 JUNIPER TERRACE
BOYNTON BEACH, FL. 33436**

JUNE 28, 2004

**DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P. O. BOX 6198
TALLAHASSEE, FL. 32314**

RE: 2004 PROFIT CORPORATION ANNUAL REPORT

DEAR SIR:

**WE HAVE ENCLOSED HERewith OUR YEAR 2004 FOR PROFIT
CORPORATION ANNUAL REPORT AND A CHECK IN THE AMOUNT
OF \$ 150.00.**

**WE FEEL THAT WE ARE NOT RESPONSIBLE FOR THE PENALTY,
BECAUSE WE NEVER RECEIVED THE ANNUAL REPORT
PREVIOUSLY. WE HAVE ALWAYS PAID AND FILED OUR TAXES ON
TIME.**

**THANKING YOU IN ADVANCE FOR YOUR CONSIDERATION ON THE
ABOVE MATTERS.**

VERY TRULY YOURS,



**WILLIAM FAIN WEEMS
PRESIDENT**