


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 622543
 1. Entity Name
AMERICAN DIVERSIFIED INSURANCE SERVICES, INC.



Principal Place of Business Mailing Address
 600 BYPASS DR #205 600 BYPASS DR #205
 CLEARWATER, FL 33764 US CLEARWATER, FL 33764 US

DO NOT WRITE IN THIS SPACE



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1923274	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MALONEY, JOHN L. E
3862 CENTRAL AVE
SAINT PETERSBURG, FL 33711

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

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	PD HASKELL, RAY R. 6727 TWELVE OAKS BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD HASKELL, SUSIE 6727 TWELVE OAKS BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/20/04-80020-003 150.00

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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)(f), 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: *Susie T. Haskell* **Susie T. Haskell, Vice President** (727) 726-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #