

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004208

Entity Name: CLAIMSCO INTERNATIONAL, INC.

FILED
Apr 04, 2005
Secretary of State

Current Principal Place of Business:

304 SOUTH BARRINGTON RD.
WAUCONDA, IL 60084

New Principal Place of Business:

304 BARRINGTON RD.
WAUCONDA, IL 60084

Current Mailing Address:

PO BOX 2526
PONTE VEDRA BEACH, FL 320042526

New Mailing Address:

FEI Number: 36-3605276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, WILLIAM K
181 RETREAT PLACE
PONTE VEDRA BEACH, FL 32082 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARRIS, MICHAEL
Address: 304 SOUTH BARRINGTON RD
City-St-Zip: WAUCONDA, IL 60084

Title: V () Delete
Name: HOXIE, KENNETH
Address: 304 SOUTH BARRINGTON RD
City-St-Zip: WAUCONDA, IL 60084

Title: ST () Delete
Name: MILLER, MAXINE
Address: 181 RETREAT PLACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: C () Delete
Name: MILLER, WILLIAM K
Address: 181 RETREAT PLACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARRIS, MICHAEL F
Address: 304 BARRINGTON RD
City-St-Zip: WAUCONDA, IL 60084

Title: V (X) Change () Addition
Name: HOXIE, KENNETH
Address: 304 BARRINGTON RD
City-St-Zip: WAUCONDA, IL 60084

Title: ST (X) Change () Addition
Name: HARRIS, MICHAEL F
Address: 304 BARRINGTON RD.
City-St-Zip: WAUCONDA, IL 60084

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

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: MICHAEL F. HARRIS

P

04/04/2005

Electronic Signature of Signing Officer or Director

_____ Date