


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005913 1. Entity Name PROFESSIONAL CLAIM SERVICES, INC.	
---	---

Principal Place of Business 4553 LA TIENDA THOUSAND OAKS, CA 91362	Mailing Address 8407 FALLBROOK AVE. WEST HILLS, CA 91304
--	--



02202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1279199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000064459 02/24/04-80012-022 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C SCHAEFFER, LEONARD D 4553 LA TIENDA THOUSAND OAKS, CA 91362
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HERMAN, JOAN E 4553 LA TIENDA THOUSAND OAKS, CA 91362
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLBY, DAVID C 4553 LA TIENDA THOUSAND OAKS, CA 91362
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS KELLY, ROBERT A 4553 LA TIENDA THOUSAND OAKS, CA 91362
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GEISER, THOMAS C 4553 LA TIENDA THOUSAND OAKS, CA 91362
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO ZUEK, KENNETH C 4553 LA TIENDA THOUSAND OAKS, CA 91362

**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: Thomas C Geiser 2/20/04 (915) 557-6110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #