


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90012 003 ***150.00

DOCUMENT # F0300006404

1. Entity Name
NATIONAL FLOOD SERVICES, INC.



Principal Place of Business Mailing Address
555 CORPORATE DRIVE **555 CORPORATE DRIVE**
KALISPELL, MT 59901 **KALISPELL, MT 59901**

40006898



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01072005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
81-0453933 Not Applicable

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

6. Name and Address of Current Registered Agent

GERALD, PAMELA
C/O NATIONAL FLOOD SERVICES, INC.
700 W. HILLSBORO BLVD, BLDG. 3, SUITE 206
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

Name **Gerald, Pamela**
 Street Address (P.O. Box Number is Not Acceptable) **c/o National Flood Services, Inc**
455 Fairway Drive, Ste 102
 City **Deerfield Beach** FL Zip Code **33441**

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 *[Signature]* DATE **1/7/05**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LUND, CURTIS M	
STREET ADDRESS	555 CORPORATE DRIVE	
CITY-ST-ZIP	KALISPELL, MT 59901	
TITLE	V	<input type="checkbox"/> Delete
NAME	JONES, P. MICHAEL	
STREET ADDRESS	555 CORPORATE DRIVE	
CITY-ST-ZIP	KALISPELL, MT 59901	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPRAGUE, CHARLES W	
STREET ADDRESS	255 FISERV DRIVE	
CITY-ST-ZIP	BROOKFIELD, WI 530080979	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MUMA, LESLIE M	
STREET ADDRESS	255 FISERV DRIVE	
CITY-ST-ZIP	BROOKFIELD, WI 530080979	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSTON, THERESA	
STREET ADDRESS	555 CORPORATE DRIVE	
CITY-ST-ZIP	KALISPELL, MT 59901	
TITLE	V	<input type="checkbox"/> Delete
NAME	SATHER, ELAINE	
STREET ADDRESS	555 CORPORATE DRIVE	
CITY-ST-ZIP	KALISPELL, MT 59901	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* Date **1-17-05** Daytime Phone # **406-756-8412**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR