2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# F93000002328

Entity Name: AMERICAN SPECIALTY INSURANCE SERVICES, INC.

Current Principal Place of Business:

142 N MAIN ST
ROANOKE, IN 467830309 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 309
ROANOKE, IN 467830309

New Mailing Address:

FEI Number: 35-1781838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESHELMAN, TIMOTHY J
81250 OVERSEAS HWY, PO BOX 1541
ISLAMORADA, FL 330361541 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: CEOD ( ) Delete
Name: ESHELMAN, PETER T
Address: 142 N MAIN ST
City-St-Zip: ROANOKE, IN 46783

Title: EVD ( ) Delete
Name: HARRIS, DAVID A
Address: 142 N MAIN ST
City-St-Zip: ROANOKE, IN 46783

Title: EVD ( ) Delete
Name: ESHELMAN, TIMOTHY J
Address: 81250 OVERSEAS HWY
City-St-Zip: ISLAMORADA, FL 33036

Title: VCFO ( ) Delete
Name: WEIR, DANIEL S
Address: 142 N. MAIN STREET
City-St-Zip: ROANOKE, IN 46783

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: PETER T. ESHELMAN CEOP 01/07/2004

Electronic Signature of Signing Officer or Director — Date