

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000006414 1. Entity Name PILOT CATASTROPHE SERVICES, INC.	
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Principal Place of Business 708 OAK CIRCLE DR W MOBILE, AL 36609	Mailing Address PO BOX 91206 MOBILE, AL 36691-1206
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DO NOT WRITE IN THIS SPACE

FILED
05 JAN 18 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 63-1012513	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. 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
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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 _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP PILOT, W D JR 708 OAK CIRCLE DRIVE WEST MOBILE, AL 36609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD PILOT, E G 708 OAK CIRCLE DRIVE WEST MOBILE, AL 36609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PILOT, CURTIS F 708 OAK CIRCLE DRIVE WEST MOBILE, AL 36609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PILOT, RODNEY A 708 OAK CIRCLE DRIVE WEST MOBILE, AL 36609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FONDE, DAPHNE PILOT 708 OAK CIR. DR. W. MOBILE, AL 36609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400045553024
01/28/05--01011--017 **150.00

**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: *E. Grace Pilot* **E. GRACE PILOT** 1/12/05 251-607-7723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #