

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G18924

FILED
Jun 30, 2004
Secretary of State

Entity Name: ACCREDITED INSURANCE SERVICES, INC.

Current Principal Place of Business:

6800 SR 37TH N
MULBERRY, FL 33860 US

New Principal Place of Business:

Current Mailing Address:

6800 SR 37 N
MULBERRY, FL 33860 US

New Mailing Address:

FEI Number: 59-2437527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, WILLIAM L.
6740 BROKEN ARROW TRAIL SOUTH
LAKELAND, FL

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HUGHES, WILLIAM L.,
Address: 6740 BROKEN ARROW TR. S.
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: HUGHES, PHILLIP D.,
Address: 6800 SR 37 N
City-St-Zip: MULBERRY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM L. HUGHES

PRES

06/30/2004

Electronic Signature of Signing Officer or Director

Date