


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # H85733		
1. Entity Name PROFESSIONAL LIABILITY UNDERWRITING SERVICES, INC.		
Principal Place of Business 6200 COURTNEY CAMPBELL CSY #580 TAMPA, FL 33607 US		Mailing Address % THE PLUS COMPANIES 520 US HWY 22 BRIDGEWATER, NJ 08807-0920
DO NOT WRITE IN THIS SPACE		
		03082004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-2602154		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MORRISON, THOMAS K 1200 WEST PLATT STREET STE 100 TAMPA, FL 33606		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
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
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	CP	
NAME	CIUFFREDA, ROBERT	
STREET ADDRESS	520 US HWY 22, P O BOX 6920	
CITY-ST-ZIP	BRIDGEWATER, NJ 088070920	
TITLE	VP	
NAME	BRENNAN-BROOKS, GERALD	
STREET ADDRESS	520 US HWY 22, P O BOX 6920	
CITY-ST-ZIP	BRIDGEWATER, NJ 088070920	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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: 		3/10/04 908-685-7650
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>