


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H85733</b> 1. Entity Name <b>PROFESSIONAL LIABILITY UNDERWRITING SERVICES, INC.</b>	
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Principal Place of Business <b>6200 COURTNEY CAMPBELL CSY #580 TAMPA, FL 33607 US</b>	Mailing Address <b>% THE PLUS COMPANIES 520 US HWY 22 BRIDGEWATER, NJ 08807-0920</b>
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03092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2602154</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY-ST-ZIP	CP CIUFFREDA, ROBERT 520 US HWY 22, P O BOX 6920 BRIDGEWATER, NJ 088070920
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRENNAN-BROOKS, GERALD 520 US HWY 22, P O BOX 6920 BRIDGEWATER, NJ 088070920
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04/11/05-80065-005 150.00

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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/05 908-685-7050  
Date Daytime Phone #