

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K00611

FILED  
Jan 16, 2004  
Secretary of State

**Entity Name:** FLORIDA CLAIMS BUREAU, INCORPORATED

**Current Principal Place of Business:**

1601 PELICA PT. DR.  
H-215  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

5921 BENEVA RD.  
SARASOTA, FL #434238 US

**Current Mailing Address:**

P O BOX 17127  
SARASOTA, FL 34276127 US

**New Mailing Address:**

**FEI Number:** 59-2546148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, ERNEST F.  
1601 PELICAN PT DR  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

ROBINSON, ERNEST F.  
1601 PELICAN PT DR  
H15  
SARASOTA, FL 34231 US

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

01/16/2004

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROBINSON, ERNEST F.,  
Address: 1601 PELICAN PT. DR. #215  
City-St-Zip: SARASOTA, FL 34231

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ROBINSON, ERNEST F DIRECTO  
Address: 1601 PELICAN PT. DR. #215  
City-St-Zip: SARASOTA, FL 34231

Title: TREA ( ) Change (X) Addition  
Name: WADDELL, ANNABELL M TREASUR  
Address: 3173 LAKE PARK LN.  
City-St-Zip: SARASOTA, FL 34231

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: ERNEST F.ROBINSON

Electronic Signature of Signing Officer or Director

PD

01/16/2004

\_\_\_\_\_  
Date