

APR 14 2004

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # K35424		
1. Entity Name COMMERCIAL INSURANCE SPECIALISTS, INC.		
Principal Place of Business 18115 US HWY 41N, LUTZ, FL 33549 P.O. BOX 17738 TAMPA, FL 33682-4738	Mailing Address 18115 US HWY 41N, LUTZ, FL 33549 P.O. BOX 17738 TAMPA, FL 33682-4738	



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2921108	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TIEDE, RONALD J. 501 WARREN RD. LUTZ, FL 33549	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 _____

Signature (Typed or Printed Name of Registered Agent is acceptable)

(NOT Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DP TIEDE, RONALD J 501 WARREN ROAD LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HOWARD, JOHN A. 1235 NEWBERGER ROAD LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/04-80016-023 150.00

**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)(a), 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

APR 14 2004

Date

Daytime Phone #

813
949-0481