


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

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| DOCUMENT # L14536 | |  |
| 1. Entity Name PROFESSIONAL INSURANCE SERVICES, INC. | | |
| Principal Place of Business 1634 S E 47TH STREET SUITE 10 CAPE CORAL, FL 33904 US | Mailing Address PO BOX 100478 CAPE CORAL, FL 33910 US | |
| DO NOT WRITE IN THIS SPACE | | |
| <div style="float: right; text-align: right;"> 04212004 No Chg-P CR2E034 (10/03) </div> | | |
| 4. FEI Number 65-0148564 | | <input type="checkbox"/> Applied For <input checked="" 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 BAKER, GARY LEE 1634 S E 47TH STREET SUITE 10 CAPE CORAL,, FL 33904 | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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  |
| 10. OFFICERS AND DIRECTORS | | U00000129509 04/26/04-80081-014 150.00 DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAKER, GARY L 1634 S E 47TH STREET CAPE CORAL, FL 33904 | |
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| 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: <u>Gary Baker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: <u>04/21/04</u> Daytime Phone #: <u>239-542-3737</u> |