


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90035 001 ***150.00

DOCUMENT # L67037	
1. Entity Name OCEAN STATE INSURANCES SERVICES, INC.	

Principal Place of Business 1914 BEACHWAY RD 1E JACKSONVILLE FL 32207 US	Mailing Address OCEAN STATE INS P O BOX 4831 JACKSONVILLE FL 32201 US
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2. Principal Place of Business 3654 SALT MEADOW CT N Suite, Apt. #, etc. 3654 SALT MEADOW CT N	3. Mailing Address OCEAN STATE INS Suite, Apt. #, etc. P.O. BOX 16324
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City & State JACKSONVILLE, FL 32204	City & State JACKSONVILLE, FL
Zip 32224	Country USA 32224
Zip 32245	Country USA / DVM

6. Name and Address of Current Registered Agent MAURER, DOUGLAS V. 1914 BEACHWAY 1-E JACKSONVILLE FL 32207	7. Name and Address of New Registered Agent Name: DOUGLAS V. MAURER Street Address (P.O. Box Number is Not Acceptable) 3654 SALT MEADOW CT NORTH City: JACKSONVILLE FL Zip Code: 32224
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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: Douglas V. Maurer DATE: 4/12/04

Signature, print or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PF MAURER, DOUGLAS V. 2032 ST. MARTIN'S DR. W JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAURER, CARLA R. 2032 ST. MARTIN'S DR. W JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Douglas V. Maurer DATE: 4/12/04 Daytime Phone #: 904-398-9638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR