2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M79161

1. Entity Name
CLAIM RESOLUTION MANAGEMENT, INC.

Principal Place of Business	Mailing Address
399 HOLMAN RD CAPE CANAVERAL, FL 32920 US	PO BOX 467 CAPE CANAVERAL, FL 32920 US

DO NOT WRITE IN THIS SPACE

04052004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2960086	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARTLEY, CHARLES L.
399 HOLMAN RD
CAPE CANAVERAL, FL 32920

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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 and title if applicable   †NOTE 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	DP
NAME	HARTLEY, CHARLES
STREET ADDRESS	399 HOLMAN RD
CITY-ST-ZIP	CAPE CANAVERAL, FL
TITLE	DST
NAME	HARTLEY, KAREN S.
STREET ADDRESS	399 HOLMAN RD
CITY-ST-ZIP	CAPE CANAVERAL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000110308
04/12/04-80097-019 150.00
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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: _Karen S. Hartley_ Secretary-Treasurer 4-5-04 321-258-7310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #