
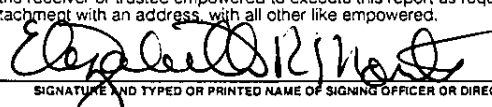


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90036 010 ***150.00

DOCUMENT # P00000004459					
1. Entity Name QUALSURE INSURANCE CORPORATION					
Principal Place of Business 506 SARASOTA QUAY SARASOTA, FL 34236			Mailing Address 506 SARASOTA QUAY SARASOTA, FL 34236		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (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: <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PCEO <input checked="" type="checkbox"/> Delete				
NAME	SAVAGE, R. THOMAS JR				
STREET ADDRESS	6705 COYOTE RIDGE COURT				
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201				
TITLE	D <input type="checkbox"/> Delete				
NAME	LEE-INNIS, GERRARD				
STREET ADDRESS	42B MACE PL., HALELAND, MARAVAL				
CITY-ST-ZIP	TRINIDAD, WEST INDIES,				
TITLE	DC <input type="checkbox"/> Delete				
NAME	LOMBARDO, JOHN				
STREET ADDRESS	27595 RIVERBANK DR.				
CITY-ST-ZIP	BONITA SPRINGS, FL 34134				
TITLE	D <input type="checkbox"/> Delete				
NAME	PICCIONE, TAL P				
STREET ADDRESS	7 PHARIS PL.				
CITY-ST-ZIP	UPPER SADDLE RIVER, NJ 07458				
TITLE	TAS <input type="checkbox"/> Delete				
NAME	MONTS, ELIZABETH R				
STREET ADDRESS	7201 JESSIE HARBOR DR				
CITY-ST-ZIP	OSPNEY, FL 34229				
TITLE	D <input checked="" type="checkbox"/> Delete				
NAME	NORTON, JOHN C				
STREET ADDRESS	116 JOHN PRESTON DR				
CITY-ST-ZIP	LEXINGTON, SC 29072				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DCP				
STREET ADDRESS	Lombardo, John				
CITY-ST-ZIP	15142 Brolio Way Naples, FL 34110				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	TAS				
STREET ADDRESS	MONTS, Elizabeth R.				
CITY-ST-ZIP	2141 Muskogee Trail Npkomis, FL 34275				
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	D				
STREET ADDRESS	Davies, Richard				
CITY-ST-ZIP	319-Howard Ave. Fairlawn, NJ 07410				
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 3/3/04 Daytime Phone #: 941-363-0927					

54015541



01062004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0970061

Applied For
Not Applicable

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

FL

Zip Code