


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90036 036 \*\*\*150.00

<b>DOCUMENT # P01000086597</b> 1. Entity Name <b>AMERICAN EXCESS RISK, INC.</b>					
Principal Place of Business <b>709 FIRST AVENUE WELAKA, FL 32193</b>			Mailing Address <b>PO BOX 1204 WELAKA, FL 32193</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1025</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>Welaka, FL</b> Zip <b>32193</b>		4. FEI Number <b>58-2134883</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CAROTHERS, C. GRAHAM ESQ. SHUMAKER, LOOP &amp; KENDRICK, LLP 101 EAST KENNEDY BLVD., SUITE 2800 TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BROWNE, ALPH H 709 FIRST AVENUE WELAKA, FL 32193	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, DIANA D 709 FIRST AVENUE WELAKA, FL 32193	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PORTER, PAM 709 FIRST AVENUE WELAKA, FL 32193	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE:</b> <i>Pam Porter</i>		<b>Pam Porter Asst. Treas. 770-536-9800</b> 2-3-2004			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

24008665



02032004 Chg-P CR2E034 (10/03)