

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112400

Entity Name: ACCU-RITE CLAIMS SERVICES, INC.

FILED  
Jul 06, 2005  
Secretary of State

## Current Principal Place of Business:

4055 TAMIAMI TRAIL #9  
PORT CHARLOTTE, FL 33952

## New Principal Place of Business:

4868 B-1 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33980

## Current Mailing Address:

PO BOX 380311  
MURDOK, FL 33938

## New Mailing Address:

FEI Number: 65-1154441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COYNE, TOM  
4055 TAMIAMI TRAIL #9  
PORT CHARLOTTE, FL 33952 US

## Name and Address of New Registered Agent:

COYNE, TOM  
4868 B-1 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33980 US

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.

SIGNATURE:

07/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: AS ( ) Delete  
Name: COYNE, TOM  
Address: 14214 FORT WORTH CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VP (X) Delete  
Name: SCHOLTENS, DAVID  
Address: 5080 CHAVES CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33948

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AS (X) Change ( ) Addition  
Name: COYNE, TOM  
Address: P.O. 308311  
City-St-Zip: MURDOCK, FL 33938

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. COYNE

AS

07/06/2005

Electronic Signature of Signing Officer or Director

Date