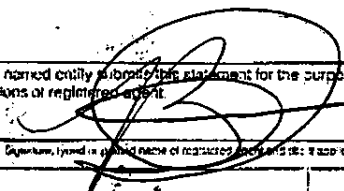
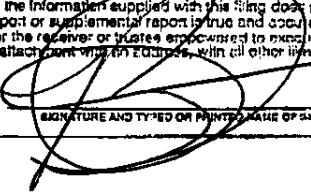


04-30-2004(FRI) 10:00

FILED
Aug 10, 2004 8:00 am
Secretary of State

05-10-2004 90458 025 ***158.75

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000113331		
Entity Name PRESTIGE INSURANCE ENTERPRISES, INC.		
Principal Place of Business 5001 S. FEDERAL HIGHWAY UNIT C FORT PIERCE, FL 34982		Mailing Address 5001 S. FEDERAL HIGHWAY UNIT C FORT PIERCE, FL 34982
DO NOT WRITE IN THIS SPACE		
4. FEI Number 59-3495731		
5. Certificate of Status Desired ☐ 38.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LEE, BRENDA L 1982 SW JULIET PORT ST. LUCIE, FL 34983		
DO NOT WRITE IN THIS SPACE		
The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.		
SIGNATURE  President 8/3/04 Signature, typed in all block letters of registered agent and date Signature, typed in all block letters of registered agent and 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		
NAME TITLE STREET ADDRESS CITY-ST-ZIP	PD LEE, BRENDA L 240 SE TODD AVENUE PORT ST. LUCIE, FL 34933	DO NOT WRITE IN THIS SPACE
NAME TITLE STREET ADDRESS CITY-ST-ZIP		
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NAME TITLE STREET ADDRESS CITY-ST-ZIP		
NAME TITLE STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 119.07(3)(f), Florida Statutes. I further certify that the information disclosed 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 107, 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 information known.		
SIGNATURE:  President 8/3/04 Signature and typed or printed name of signing officer or director Date		



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

May 19, 2004

PRESTIGE INSURANCE ENTERPRISES, INC.
5001 S. FEDERAL HIGHWAY
UNIT C
FORT PIERCE, FL 34982

Subject: **PRESTIGE INSURANCE ENTERPRISES, INC.**

Reference Number: **P01000113331**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RJ

ANNUAL REPORTS SECTION