## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000001735

JACKSONVILLE, FL 32224

City-St-Zip:

Entity Name: NOCATEE INSURANCE SERVICES, INC.

FILED Apr 06, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12518 HIGHVIEW DRIVE JACKSONVILLE, FL 32225 **Current Mailing Address: New Mailing Address:** 12518 HIGHVIEW DRIVE JACKSONVILLE, FL 32225 FEI Number: 01-0563072 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOCKETT, DAVID M 12518 HIGHVIEW DRIVE JACKSONVILLE, FL 32225 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PTSD ( ) Delete Title: () Change () Addition LOCKETT, DAVID M Name: Name: 12518 HIGHVIEW DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: ( ) Delete Title: VD Title: () Change () Addition Name: TER MORS, HARRY Name: 13880 DEER CHASE PLACE Address: 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: DAVID LOCKETT PTSD 04/06/2004