

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91024 050 \*\*\*150.00

DOCUMENT # P02000005530	
1. Entity Name PROPERTY CLAIMS, INC.	



Principal Place of Business 1101 6TH AVENUE WEST STE 207 BRADENTON, FL 34205	Mailing Address 1101 6TH AVENUE WEST STE 207 BRADENTON, FL 34205
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94081851



2. Principal Place of Business 6479 Bikini Rd Suite, Apt. #, etc.	3. Mailing Address 6479 Bikini Rd Suite, Apt. #, etc.
City & State Sarasota FL	City & State Sarasota FL
Zip 34241	Country USA

04232004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0574375	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent IERULLI, PAM S 4738 CHARING CROSS ROAD SARASOTA, FL 34241	
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7. Name and Address of New Registered Agent	
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 PAM S. IERULLI R. Ierulli 4-23-04  
Signature, typed or printed name of registered agent and title if applicable. (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS IERULLI, PAM S 4738 CHARING CROSS ROAD SARASOTA, FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IERULLI, NICHOLAS 4738 CHARING CROSS ROAD SARASOTA, FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Pam S. Ierulli Pam S. Ierulli, Pres 4-23-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #