

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000068767 1. Entity Name INSURANCE PROGRAM SERVICES, INC.	
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Principal Place of Business 3610 ARLINGTON OAKS COURT TAMPA, FL 33618	Mailing Address 3610 ARLINGTON OAKS COURT TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE



08182004 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1542026	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SIMMONS, ROBERT C
3610 ARLINGTON OAKS COURT
TAMPA, FL 33618**

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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 reappointing) DATE: _____

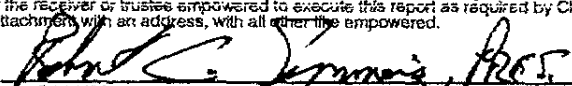
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIMMONS, ROBERT C 3610 ARLINGTON OAKS COURT TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GREEN, JOHN O 16502 BLENHEIM DR LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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08/23/04-80005-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 the empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	8-18-04 Date	813-267-5074 Corporate Phone #
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