2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004
Secretary of State

DOCUMENT# P02000104540

Entity Name: TLM CLAIMS SERVICES, INC.

Current Principal Place of Business:

4940 THOMAS LN.
SARASOTA, FL 34238

New Principal Place of Business:

3113 HOMASASSA RD
SARASOTA, FL 34239

Current Mailing Address:

4940 THOMAS LN.
SARASOTA, FL 34238

New Mailing Address:

POST OFFICE BOX 5716
SARASOTA, FL 34277

FEI Number: 02-0645256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKNIGHT, TRACI
4940 THAMES LN.
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

MORGAN, TRACI
3113 HOMASASSA RD
SARASOTA, FL 34239 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: TRACI MORGAN 03/04/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCKNIGHT, TRACI
Address: 4940 THAMES LN.
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MORGAN, TRACI
Address: 3113 HOMASASSA RD
City-St-Zip: SARASOTA, FL 34239

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: TRACI MORGAN P 03/04/2004
Electronic Signature of Signing Officer or Director Date