


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**


**DOCUMENT # P02000114696**  
**1. Entity Name**  
**NETINSURANCE SERVICES FLORIDA, INC.**



**Principal Place of Business**  
**417 MONTGOMERY STREET**  
**SUITE 405**  
**SAN FRANCISCO, CA 94104**

**Mailing Address**  
**9710 TWO NOTCH ROAD**  
**COLUMBIA, SC 29223**

**DO NOT WRITE IN THIS SPACE**



04092004 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
**02-0586867**

Applied For  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

**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** \_\_\_\_\_  
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**  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPSD MAPSON, CHARLES E 9710 TWO NOTCH ROAD COLUMBIA, SC 29223
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPTD ROSS, WILLIAM M 9710 TWO NOTCH ROAD COLUMBIA, SC 29223
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MACKETHAN, E. ROBESON 417 MONTGOMERY STREET, STE 405 SAN FRANCISCO, CA 94104
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP BRAUCH, R. THEODORE 7215 FINANCIAL WAY JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Assistant Secretary Elizabeth Jourdain 9710 Two Notch Road Columbia, SC 29223
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE IN THIS SPACE**

**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 another like empowered**

**SIGNATURE:** *Elizabeth Jourdain* **4-27-04** **803-462-8234**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #