

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90385 050 ***150.00

DOCUMENT # P03000012429

1. Entity Name
R.J.P. INSURANCE SERVICES, INC.



Principal Place of Business
7781 TEXAS TRAIL
BOCA RATON, FL 33487

Mailing Address
7781 TEXAS TRAIL
BOCA RATON, FL 33487

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



04232004 Chg-P CR2E034 (10/03)

4. FEI Number
75 3098519

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RATFIELD, LOUIS W
7765 LAKE WORTH ROAD
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent

Name Richard J. Porcelli
Street Address (P.O. Box Number is Not Acceptable)
7781 Texas Trail
Boca Raton FL 33487
City 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 Richard J. Porcelli RICHARD J PORCELLI
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/27/04
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 PVT ☐ Delete
NAME PORCELLI, RICHARD J
STREET ADDRESS 7781 TEXAS TRAIL
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE S ☐ Delete
NAME PORCELLI, JENNIE
STREET ADDRESS 7781 TEXAS TRAIL
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: Jennie Porcelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 561-981-8800
Date Daytime Phone #