FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90008 009 ***550.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000037122

1. Entity Name
CORPORATE LIFE INSURANCE DIRECT, INC.

Principal Place of Business	Mailing Address
277 75 AVE ST PETE BEACH, FL 33706	277 75 AVE ST PETE BEACH, FL 33706

03302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
247 Corey Ave	247 Corey Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St Pete Beach, FL	City & State: St. Pete Beach, FL
Zip: 33706 Country:	Zip: 33706 Country:

4. FEI Number: 56-2359864 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, PATRICK W
277 75 AVE
ST PETE BEACH, FL 33706

7. Name and Address of New Registered Agent

Name: Williams, Patrick W.
Street Address (P.O. Box Number is Not Acceptable): 247 Corey Ave
City: St. Pete Beach FL Zip Code: 33706

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAMS, PATRICK M 277 75 AVE ST PETE BEACH, FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Williams, Patrick W 247 Corey Ave St Pete Beach, FL 33706	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Patrick Williams President 4/18/04 727-363-7824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #