


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90347 026 ***150.00

DOCUMENT # P03000044794					
1. Entity Name LIGARAN INSURANCE SERVICES, INC.					
Principal Place of Business 4870 S. ATLANTIC AVENUE UNIT 102 NEW SMYRNA BEACH, FL 32170			Mailing Address 4870 S. ATLANTIC AVENUE UNIT 102 NEW SMYRNA BEACH, FL 32170		
24047330					
2. Principal Place of Business 505 S. COCOA BLVD		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State COCOA, FL		City & State		4. FEEL Number 81-060-7761	
Zip 32922		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name: RANDY L MONROE Street Address (P.O. Box Number is Not Acceptable): 1131 N. DIXIE FWY City: NSB FL Zip Code: 32168		
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: <i>Randy L Monroe</i> DATE: 4/16/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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 MONROE, RANDY L 4870 S. ATLANTIC AVENUE #102 NEW SMYRNA BEACH, FL 32170	<input type="checkbox"/> Delete			
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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 an other like empowered.					
SIGNATURE: <i>Randy L Monroe</i>		4/16/04		386-427-1341	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	