

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90067 001 ***317.50

DOCUMENT # P03000079210
 1. Entity Name
 HAZARD CLAIM SERVICES, INC.



Principal Place of Business: 1501 CHURCH AVENUE, SUITE 201, TAMPA, FL 33629
 Mailing Address: 1501 CHURCH AVENUE, SUITE 201, TAMPA, FL 33629

66001386



2. Principal Place of Business: 1501 S Church Ave
 Suite, Apt. #, etc.
 3. Mailing Address: 1501 S Church Ave
 Suite, Apt. #, etc.

01312005 Chg-P CR2E034 (10/03)

City & State: Tampa FL
 Zip: 33629 Country: USA
 City & State: Tampa FL
 Zip: 33629 Country: USA

4. FEI Number: 59-3449070
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent:
 WOODWARD, ANTHONY G ESQUIRE
 2024 W. CLEVELAND STREET
 TAMPA, FL 33606

7. Name and Address of New Registered Agent:
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: FL 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: _____ DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PSTD LOSCALZO, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	1501 CHURCH AVENUE, SUITE 201	
CITY-STATE-ZIP	TAMPA, FL 33629	
TITLE & NAME	VD LOSCALZO, MIRIAM	<input type="checkbox"/> Delete
STREET ADDRESS	1501 CHURCH AVENUE, SUITE 201	
CITY-STATE-ZIP	TAMPA, FL 33629	
TITLE & NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE & NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE & NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE & NAME	PSTD LOSCALZO, FRANK JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1501 S Church Ave	
CITY-STATE-ZIP	TAMPA, FL 33629	
TITLE & NAME	VD Loscalzo, MIRIAM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1501 S Church Ave	
CITY-STATE-ZIP	TAMPA, FL 33629	
TITLE & NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE & NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE & NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing 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 individual sole 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: *Frank Loscalzo, Jr* Frank Loscalzo, Jr 813-874-2177
 President 1/31/05
 Date: _____ Date: _____