

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000046593

Entity Name: SOS INSURANCE SERVICES, INC.

FILED
Jan 18, 2005
Secretary of State

Current Principal Place of Business:

13436 US HIGHWAY 19
HUDSON, FL 34667

New Principal Place of Business:

13811 OLD DIXIE HWY
HUDSON, FL 34667

Current Mailing Address:

13436 US HIGHWAY 19
HUDSON, FL 34667

New Mailing Address:

13811 OLD DIXIE HWY
HUDSON, FL 34667

FEI Number: 20-0865316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HADLICK, JOYCE
13436 US HIGHWAY 19
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

HOUDEK, SHARRON
13811 OLD DIXIE HWY
HUDSON, FL 34667 US

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.

SIGNATURE: SHARRON HOUDEK

01/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HADLICK, JOYCE
Address: 13402 PEACE BLVD
City-St-Zip: SPRING HILL, FL 34610

Title: V () Delete
Name: HOUDEK, SHARRON
Address: 21940 DUPREE DRIVE
City-St-Zip: LAND O LAKES, FL 34639

Title: S (X) Delete
Name: CROCUS, SUZANNE
Address: 5530 TERRAIN DE GOLF DRIVE
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOUDEK, SHARRON
Address: 21940 DUPREE DRIVE
City-St-Zip: LAND O LAKES, FL 34639

Title: VS (X) Change () Addition
Name: CROCUS, SUZANNE
Address: 5530 TERRAIN DE GOLF DRIVE
City-St-Zip: LUTZ, FL 33558

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARRON HOUDEK

P

01/18/2005

Electronic Signature of Signing Officer or Director

Date