


FILED
Mar 11, 2005 8:00 am
Secretary of State

02-07-2005 90042 009 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | |
|---|---|---|---|
| DOCUMENT # P04000147634 | |  | |
| 1. Entity Name FLORIDA CLAIMS CONSULTANTS OF PENSACOLA, INC. | | | |
| Principal Place of Business 362 GULF BREEZE PARKWAY SUITE 115 GULF BREEZE, FL 32562 US | | Mailing Address 362 GULF BREEZE PARKWAY SUITE 115 GULF BREEZE, FL 32562 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GARRETSON, CHARLES C 207 S. BAYLEN ST. PENSACOLA, FL FLORI-DA | | 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 _____ <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, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <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 | PRES GREEN, DONALD R 362 GULF BREEZE PARKWAY # 115 GULF BREEZE, FL 32561 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECT GREEN, EMILY 362 GULF BREEZE PARKWAY # 115 GULF BREEZE, FL 32561 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Emily M. Green</i> | | Date: <i>3-4-05</i> | Daytime Phone #: <i>850-479-2799</i> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> |

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4. FEI Number *41-2156750* Applied For Not Applicable

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