


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P10626 1. Entity Name PROFESSIONAL LIFE UNDERWRITERS SERVICES, INC.	
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Principal Place of Business 20700 CIVIC CENTER DRIVE SUITE 240 SOUTHFIELD, MI 48076	Mailing Address P.O BOX 837 SOUTHFIELD, MI 48076
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2317570	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPITZER, JAN H.
8525 NORTHWEST 53RD TERRACE
#115
MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, ANDREA D 6966 HOLIDAY BLOOMFIELD HILLS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YONKMAN, MARK W 1356 BUCKINGHAM GROSSE POINTE PARK, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEST, LLOYD A. 2407 ELMHURST AVE ROYAL OAK, MI 48073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIEGAL, MICHELE A 20081 RONSDALE BEVERLY HILLS, MI 48025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 any address, with all other like empowered.

SIGNATURE:  1-7-04
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #