

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90034 036 ***150.00

DOCUMENT # P94000007205

1. Entity Name
TECHNICAL INSURANCE ANALYSIS, INC.



Principal Place of Business

1605 MAIN STREET

700

SARASOTA, FL 34236 US

Mailing Address

1605 MAIN STREET

700

SARASOTA, FL 34236 US

DO NOT WRITE IN THIS SPACE



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0467520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**PETERSON, RENNO L-
1605 MAIN STREET
700
SARASOTA, FL 34236**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JONES, MARSHALL
STREET ADDRESS	12986 LAROCHELLE CIRCLE
CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	VP
NAME	PETERSON, RENNO L.
STREET ADDRESS	1605 MAIN STREET STE 700
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	DS
NAME	RYBKA, LAWRENCE J.
STREET ADDRESS	3690 ORANGE PLACE #300
CITY-ST-ZIP	BEECHWOOD, OH
TITLE	DP
NAME	ESPERTI, ROBERT A.
STREET ADDRESS	3561 E. SUNRISE DR., #135
CITY-ST-ZIP	TUCSON, AZ 85718
TITLE	DS
NAME	DAVID K. CAIDONE
STREET ADDRESS	1605 MAIN ST. STE. 700
CITY-ST-ZIP	SARASOTA, FL 34236
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 an address, with all other like empowered.

SIGNATURE: Renno L. Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04 941 3654819
Date Daytime Phone #