


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000017263</b>	
1. Entity Name <b>AMERICAN PROFESSIONAL LIABILITY UNDERWRITERS, INC.</b>	

Principal Place of Business <b>7270 NW 12TH STREET STE 130 MIAMI, FL 33126 US</b>	Mailing Address <b>7270 NW 12TH STREET STE 130 MIAMI, FL 33126 US</b>
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**DO NOT WRITE IN THIS SPACE**



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0472218</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GABOR, RONALD  
7270 NW 12TH STREET  
STE 130  
MIAMI, FL 33126**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000129405 04/23/04-80077-010 150.00</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS GABOR, RONALD 7270 NW 12TH STREET STE 130 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KENNEY, ROBERT J. 7270 NW 12TH STREET STE 130 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP SPENCE, BETTY 1950 LEE RD 217A WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP MILLER, GREGG 7270 NW 12 ST, #130 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Ronald Gabor **X 4-22-04 7869247030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #