

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000030483

FILED
Dec 14, 2004
Secretary of State

Entity Name: PROFESSIONAL INSURANCE RESTORATION, INC.

Current Principal Place of Business:

660 CLAY STREET
SUITE A
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

660 CLAY STREET
SUITE A
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3251133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRABB, HEIDI S
1354 BEACON CIRCLE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOOMS, JON W
Address: 1813 PORTVIEW AVENUE
City-St-Zip: DELTONA, FL 32738

Title: D (X) Delete
Name: BRABB, HEIDI S
Address: 1354 BEACON CIRCLE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: BRABB, HEIDI S
Address: 1353 BEACON CIRCLE
City-St-Zip: WELLINGTON, FL 33414

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: HEIDI S. BRABB

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12/14/2004

Electronic Signature of Signing Officer or Director

Date