


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000069174	
1. Entity Name EXECUTIVE INSURANCE SERVICES, INC.	

Principal Place of Business 95 E MITCHELL HAMMOCK RD STE 201 OVIEDO, FL 32765 US	Mailing Address 95 E MITCHELL HAMMOCK RD STE 201 OVIEDO, FL 32765 US
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DO NOT WRITE IN THIS SPACE



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3268664	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STAMP, MARTIN F 201 S ORANGE AVE, 900 ORLANDO, FL 32801	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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	U00000089814 03/16/04-80004-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLELCHER, E. DIANE 95 E MITCHELL HAMMOCK RD #201 WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NEVITT, JULIA 33831 LIMERICK SJC, CA 92675
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 an address, with all other like empowered.

SIGNATURE: 	3-12-04 (949) 493-4291
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>