


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90041 015 ***158.75

DOCUMENT # P95000061430 1. Entity Name TOWER HILL CLAIMS SERVICE, INC.	
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Principal Place of Business 7201 NW 11TH PLACE GAINESVILLE, FL 32605	Mailing Address ATTN: LEGAL COMPLIANCE P.O. BOX 147018 GAINESVILLE, FL 32614-7018
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DO NOT WRITE IN THIS SPACE



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3337143	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PALMQUIST, JONATHAN B 7201 NW 11TH PL GAINESVILLE, FL 32605
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**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

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	CEO SHIVELY, WILLIAM J 7201 NW 11TH PL GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BENSON, KEYTON 7201 NW 11TH PLACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PALMQUIST, JONATHON B 7201 NW 11TH PLACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SHEEKEY, BRIAN T 7201 NW 11TH PLACE GAINESVILLE, FL 32605
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: *Jonathan B. Palmquist* *Secretary & General Counsel* 2/4/04 352-333-1214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #