

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000061430

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: TOWER HILL CLAIMS SERVICE, INC.

## Current Principal Place of Business:

7201 NW 11TH PLACE  
GAINESVILLE, FL 32605

## New Principal Place of Business:

## Current Mailing Address:

ATTN: LEGAL COMPLIANCE  
P.O. BOX 147018  
GAINESVILLE, FL 326147018

## New Mailing Address:

FEI Number: 59-3337143      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PALMGQUIST, JONATHAN B  
7201 NW 11TH PL  
GAINESVILLE, FL 32605      US

## Name and Address of New Registered Agent:

PALMGQUIST, JONATHON B  
7201 NW 11TH PL  
GAINESVILLE, FL 32605      US

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: JONATHON B. PALMGQUIST      04/27/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: SHIVELY, WILLIAM J  
Address: 7201 NW 11TH PL  
City-St-Zip: GAINESVILLE, FL 32605

Title: P ( ) Delete  
Name: BENSON, KEYTON  
Address: 7201 NW 11TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: S ( ) Delete  
Name: PALMGQUIST, JONATHON B  
Address: 7201 NW 11TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: T ( ) Delete  
Name: SHEEKEY, BRIAN T  
Address: 7201 NW 11TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JONATHON B. PALMGQUIST      S      04/27/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date