

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90039 029 ***150.00

DOCUMENT # P95000095159	
1. Entity Name HARE & ASSOCIATES CLAIMS SERVICE, INC.	

Principal Place of Business P.O. BOX 8724 JACKSONVILLE, FL 32239	Mailing Address P.O. BOX 8724 JACKSONVILLE, FL 32239
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DO NOT WRITE IN THIS SPACE

02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3348803	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FREEDMAN, NORMAN P ESQ
525 N. NEWNAN ST.
JACKSONVILLE, FL 32202**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARE, ROBERT W SR. 4314 PINE INLET W JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HARE, PAMELA J 4314 PINE INLET W JACKSONVILLE, FL 32277
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: *Pamela J. Hare* **3/31/04 (904) 448-2500**

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

Pamela J. Hare