

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90092 025 ***150.00

DOCUMENT # P96000020092

1. Entity Name

DOUGLAS INSURANCE SERVICES, INC.



Principal Place of Business

4315 PABLO OAKS COURT
SUITE 5
JACKSONVILLE FL 32224
US

Mailing Address

4315 PABLO OAKS COURT
SUITE 5
JACKSONVILLE FL 32224
US

2. Principal Place of Business

808 HAWKS NEST COURT

Suite, Apt. #, etc.

3. Mailing Address

808 HAWKS NEST COURT

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State
Ponte Vedra Beach, Fla

City & State
Ponte Vedra Beach, Fla

4. FEI Number 63-1060216

Applied For
Not Applicable

Zip
32082

Country
ST Johns

Zip
32082

Country
ST Johns

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, THOMAS O JR.
115 PROFESSIONAL DR
STE 101
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name
DOUGLAS, Thomas O Jr
Street Address (P.O. Box Number is Not Acceptable)
808 HAWKS NEST COURT

City
Ponte Vedra Beach FL Zip Code
32082

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DOUGLAS, THOMAS D JR
808 HAWKS NEST COURT
PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
DOUGLAS, REBECCA H
808 HAWK NEST COURT
PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas O Douglas Jr

Date

1/30/04

Daytime Phone #

904-273-4135