

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000021493

1. Entity Name
CATASTROPHE MANAGEMENT CONSULTANTS INC.



Principal Place of Business
3320 W SEVILLA CIR
TAMPA, FL 33629

Mailing Address
3320 W SEVILLA CIR
TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

8 F 5 2 , , , , - 0 5 / F &

01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3360227 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BENOIT, THOMAS
3320 W SEVILLA CIR
TAMPA, FL 33629

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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. ☐

\$5.00 May Be
Added to Fees

U00000056797
02/19/04-80036-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENOIT, THOMAS
STREET ADDRESS	3320 W SEVILLA CIR
CITY - ST - ZIP	TAMPA, FL 33629
TITLE	D
NAME	CAMPBALL, EDWARD S
STREET ADDRESS	1909 WEST. KENNEDY BLVD
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:

Thomas Benoit

1/16/04 813-831-4026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #