

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000036321

FILED
May 02, 2004
Secretary of State

Entity Name: AMERICOMP INSURANCE SERVICES, INC.

Current Principal Place of Business:

822 BAYRIDGE LANE
PALATKA, FL 32177 US

New Principal Place of Business:

822 BAYRIDGE LANE
PORT ORANGE, FL 32127 US

Current Mailing Address:

822 BAYRIDGE LANE
PALATKA, FL 32177 US

New Mailing Address:

822 BAYRIDGE LANE
PORT ORANGE, FL 32127 US

FEI Number: 59-3380476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOPPIANI, GREGORY
916 POMA TRAIL
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FOPPIANI, GREGORY R
Address: 916 PUMA TRAIL
City-St-Zip: WINTER SPRINGS, FL

Title: D () Delete
Name: SNOWDEN, RANSOM G JR.
Address: 105 N LAKEVIEW AVENUE
City-St-Zip: LAKE HELEN, FL 32744

Title: D () Delete
Name: LANE, FRED A
Address: 4035 S. AMELIA AVE.
City-St-Zip: DELAND, FL

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:

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: GREGORY R. FOPPIANI

DIR

05/02/2004

Electronic Signature of Signing Officer or Director

Date