2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# P96000047727

Entity Name: PREMIER INSURANCE SOLUTIONS, INC.

Current Principal Place of Business:

1723 BARTOW RD
STUIE 200
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 91960
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 59-3380363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIMES, KEVIN R
1723 BARTOW RD.
SUITE 200
LAKELAND, FL 33801 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DSC ( ) Delete
Name: GRIMES, ROBERT M
Address: 1202 LAKE DEESON POINT
City-St-Zip: LAKELAND, FL 33805

Title: DP ( ) Delete
Name: GRIMES, KEVIN R
Address: 6335 FORESTWOOD DR., WEST
City-St-Zip: LAKELAND, FL 33811

Title: DVT ( ) Delete
Name: GRIMES, PHILLIP W
Address: 5528 BLOOMFIELD BLVD
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DSC (X) Change ( ) Addition
Name: GRIMES, ROBERT M
Address: 1400 GRASSLANDS BLVD. # 1
City-St-Zip: LAKELAND, FL 33803

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

Title: DVT (X) Change ( ) Addition
Name: GRIMES, PHILLIP W
Address: 430 E. CARTER RD.
City-St-Zip: LAKELAND, FL 33813

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: PHILLIP W. GRIMES VP 01/05/2004

Electronic Signature of Signing Officer or Director — Date