

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

|                                                  |                                                                                   |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P96000049369</b>                   |  |
| 1. Entity Name<br>NOONAN INSURANCE SERVICES INC. |                                                                                   |

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br>873 WINDERMERE WAY<br>PALM BEACH GARDENS, FL 33418 | Mailing Address<br>873 WINDERMERE WAY<br>PALM BEACH GARDENS, FL 33418 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



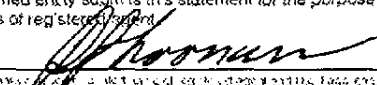
04152004 No Chg-P CR2E034 (10/03)

|                             |                                                       |
|-----------------------------|-------------------------------------------------------|
| 4. FCI Number<br>65-0671458 | Approved For<br><input type="checkbox"/> Not Approved |
|-----------------------------|-------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br>NOONAN, PETER J<br>873 WINDERMERE WAY<br>PALM BEACH GARDENS, FL 33418 |
|--------------------------------------------------------------------------------------------------------------------------|

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|                                                                                                                                                                                                                             |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 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                                                                                                                                | DATE |

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

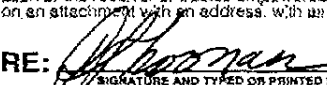
|                                                                                     |                                    |
|-------------------------------------------------------------------------------------|------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------|------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                            |
|------------------------------------------------|----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>NOONAN, MARGE M<br>873 WINDERMERE WAY<br>PALM BEACH GARDENS, FL 33418 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>NOONAN, PETER J<br>873 WINDERMERE WAY<br>PALM BEACH GARDENS, FL 33418 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                            |

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04/20/04-80038-010 150.00

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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)(f), Florida Statutes. I further certify that the information indicated on this report or supplements, 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 11.3 changed, or on an attachment with an address, with an other like empowered.

|                                                                                                |                 |          |              |
|------------------------------------------------------------------------------------------------|-----------------|----------|--------------|
| SIGNATURE:  | PETER J. NOONAN | 04/15/04 | 561 799 6683 |
|------------------------------------------------------------------------------------------------|-----------------|----------|--------------|