

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000040960

FILED
Jan 09, 2004
Secretary of State

Entity Name: EXPRESS INSURANCE AND TAX SERVICE, INC.

Current Principal Place of Business:

4161 NW 5 ST
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

PO BOX 407193
FORT LAUDERDALE, FL 33340

New Mailing Address:

FEI Number: 59-3455547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EPSTEIN, JAMES
4161 NW 5TH ST
FORT LAUDERDALE, FL 33317

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: PD () Delete
Name: KLUBA, ROBERT J
Address: 4161 NW 5TH ST
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: S () Delete
Name: EPSTEIN, JAMES A
Address: 4161 NW 5TH ST
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: TD () Delete
Name: LAWSON, MICHELE V
Address: 4161 NW 5TH ST
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: D () Delete
Name: LAWSON, EDWARD J
Address: 4161 NW 5TH ST
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: D () Delete
Name: SIMBERG, BRUCE F
Address: 4161 NW 5TH ST
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: LAWSON, MICHELE V
Address: 4161 NW 5TH ST
City-St-Zip: FORT LAUDERDALE, FL 33317

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

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

Title: D () Change (X) Addition
Name: WIDDICOMBE, RICHARD A
Address: 4161 NW 5 STREET
City-St-Zip: PLANTATION, FL 33317 US

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: JAMES A. EPSTEIN

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01/09/2004

Electronic Signature of Signing Officer or Director

Date