

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000058314

1. Entity Name

SENTRY INSURANCE SERVICES, INC.



Principal Place of Business

2962 SOMERSWORTH DR
CLEARWATER, FL 33761 US

Mailing Address

2452 SENECA CT.
PALM HARBOR, FL 34683

FILED

04 JAN -9 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3458558

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVIS, RICHARD A
2452 SENECA CT.
PALM HARBOR, FL 34683

**DO NOT WRITE
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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LENIART, PETER J
2962 SOMERSWORTH DR.
CLEARWATER, FL 34621

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAVIS, RICHARD A
2452 SENECA CT.
PALM HARBOR, FL 34683

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200026597692
01/09/04--01035--005 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Richard A. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/04 727-447-3822