


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 A
Secretary of State

DOCUMENT # P97000107250

1. Entity Name
PACIFIC RIM INSURANCE, INC.



Principal Place of Business 9675 CASA MAR CIRCLE FORT MYERS, FL 33919	Mailing Address 9675 CASA MAR CIRCLE FORT MYERS, FL 33919
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01102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0800795	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARMSTRON, WILLIAM G
 11260 JACANA CT
 2001
 FORT MYERS, FL 33908**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KILLEN, DESORAH A 519 SUNSET CIR FRANKLIN, KY 42134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARMSTRONG, WILLIAM R 2616 FAIRMONT AVE NEW SMYRNA BEACH, FL 32069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EATON, PATRICIA A, 10488 LONGLEAF DR PARKER, CO 80134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCT ARMSTRONG, WILLIAM G 11260 JACANA CT 2001 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARMSTRONG, WILLIAM G 2701 BRUCE ST MATLACHA, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/13/04-80042-024 158.75

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)(f), 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 609, 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: William G. Armstrong President 1/10/04 2399850407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #