
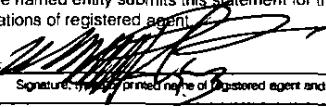
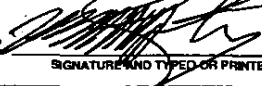


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90047 022 ***158.75

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01152005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0800795				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARMSTRON, WILLIAM G 11260 JACANA CT 2001 FORT MYERS, FL 33908			Name William G. Armstrong Street Address (P.O. Box Number is Not Acceptable) 9675 Casa Mar Circle City Ft. Myers FL Zip Code 33919		
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 			William G. Armstrong, President/Chairman 1/15/05		
Signature of the registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KILLEN, DEBORAH A 519 SUNSET CIR FRANKLIN, KY 42134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAGLARI, K. Schreigen 9675 Casa Mar Circle Ft. Myers FL 33919
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARMSTRONG, WILLIAM R 2618 FAIRMONT AVE NEW SMYRNA BEACH, FL 32069	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EATON, PATRICIA A. 10488 LONGLEAF DR PARKER, CO 80134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCT ARMSTRONG, WILLIAM G 11260 JACANA CT 2001 FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCTS William G. Armstrong 9675 Casa Mar Circle Ft. Myers, FL 33919
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARMSTRONG, WILLIAM G 2701 BRUCE ST MATLACHA, FL 33993	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			William G. Armstrong, President 1/15/05 239 985-6407		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		