

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000013606

FILED
Jan 05, 2004
Secretary of State

Entity Name: TC INSURANCE SERVICES INC.

Current Principal Place of Business:

299 ALHAMBRA CIRCLE
SUITE 416
CORAL GABLES, FL 33134

New Principal Place of Business:

12478 W ATLANTIC BLVD.
CORAL SPRINGS, FL 33071

Current Mailing Address:

299 ALHAMBRA CIRCLE
SUITE 416
CORAL GABLES, FL 33134

New Mailing Address:

12478 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071

FEI Number: 65-0812138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TERRANOVA, TOM
299 ALHAMBRA CIRCLE
SUITE 416
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

TERRANOVA, TOM
12478 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071

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:

01/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: TERRANOVA, TOM
Address: 299 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: TERRANOVA, TOM
Address: 12478 W ATLANTIC BLVD
City-St-Zip: CORAL SPRINGS, FL 33071

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: TOM TERRANOVA

PRES

01/05/2004

Electronic Signature of Signing Officer or Director

Date