


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90038 004 ***150.00

DOCUMENT # P98000019177	
1. Entity Name INTERCOASTAL INSURANCE SERVICES, INC.	

Principal Place of Business 1111 9TH AVENUE WEST STE E BRADENTON, FL 34205	Mailing Address PO BOX 1908 BRADENTON, FL 34206
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50004147



2. Principal Place of Business 1011 133rd St E.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01122005 Chg-P CR2E034 (10/03)

City & State Bradenton FL	City & State
Zip 34202	Country

4. FEI Number 65-0816681	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCLAUGHLIN, MICHAEL R 1111 9TH AVENUE WEST STE E BRADENTON, FL 34205	
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7. Name and Address of New Registered Agent Name Michael R. McLaughlin Street Address (P.O. Box Number is Not Acceptable) 1011 133rd St E City Bradenton FL Zip Code 34202	
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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 <i>Michael McLaughlin</i> <small>Signature, typed or printed name of registered agent and due if applicable</small>	DATE 1-15-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME MCLAUGHLIN, MICHAEL R STREET ADDRESS 1111 9TH AVE. WEST, STE E CITY-ST-ZIP BRADENTON, FL 34205	<input type="checkbox"/> Delete	TITLE P NAME Michael McLaughlin STREET ADDRESS 1011 133rd St E. CITY-ST-ZIP Bradenton, FL 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME MCLAUGHLIN, ANGELA L STREET ADDRESS 1111 9TH AVE. W., STE E CITY-ST-ZIP BRADENTON, FL 34205	<input type="checkbox"/> Delete	TITLE V NAME Angela L. McLaughlin STREET ADDRESS 1011 133rd St E. CITY-ST-ZIP Bradenton, FL 34202	<input checked="" 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
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
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
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: <i>Michael McLaughlin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1-15-05 Daytime Phone # 941 7302294