


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90269 030 \*\*\*150.00

<b>DOCUMENT # P98000038584</b>	
1. Entity Name <b>NORTH AMERICAN CATASTROPHE SERVICES, INC.</b>	

Principal Place of Business <b>863 WASHBURN RD MELBOURNE, FL 32934</b>	Mailing Address <b>863 WASHBURN RD MELBOURNE, FL 32934</b>
---	---

2. Principal Place of Business <b>834 Washburn Road</b>	3. Mailing Address <b>834 Washburn Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Melbourne, FL</b>	City & State <b>Melbourne, FL</b>
Zip <b>32934</b>	Country <b>USA</b>

04202004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3507855</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>PERSON, DOUGLASS A CPA 1413 SOUTH PATRICK DRIVE STE 7 INDIAN HARBOUR BEACH, FL 32937</b>	
--	--

7. Name and Address of New Registered Agent	
Name <b>David Wilfong, CFO</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2194 Spring Creek Cir.</b>	
City <b>Palm Bay</b>	FL Zip Code <b>32905</b>

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 <b>David Wilfong, CFO</b> <small>Signature, typed or printed name of registered agent, and title if applicable</small>	DATE <b>4-20-2004</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>PD DEKLE, BRIAN 604 COLLEGE AVE DAPHNE, AL 36526</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>D WILPONG, DAVID 32901 DIXIE HWY NE 108 PALM BAY, FL 32905</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>D COILE, JOAN 6084 OAKWOOD LANE FAIRHOPE, AL 36532</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: 	<b>David Wilfong, CFO</b>	<b>4-20-2004</b>	<b>321-259-0888</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>