

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000056219

FILED
Apr 06, 2005
Secretary of State

Entity Name: PREMIER CATASTROPHE SERVICES, INC.

Current Principal Place of Business:

4025 TAMPA RD
1202
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

PO BOX 1672
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3522474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIES, DAVID LOUIS
16304 COLWOOD DR.
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARIES, DAVID LOUIS
Address: 16304 COLWOOD DR.
City-St-Zip: ODESSA, FL 33556

Title: STD () Delete
Name: HARTMAN, TIMOTHY K
Address: 1426 GLENVIEW ROAD
City-St-Zip: PALM HARBOR, FL 34683

Title: CEOD () Delete
Name: SCOTT, STEPHEN A
Address: 169 KEARNEY DR.
City-St-Zip: ROCHESTER, NY 14617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID LOUIS MARIES

PD

04/06/2005

Electronic Signature of Signing Officer or Director

Date