
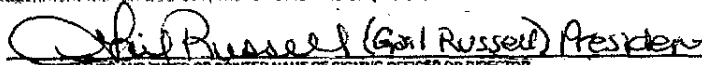


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000063802		
1. Entity Name SOUTHERN INSURANCE SERVICES, INC.		
Principal Place of Business 5623 US HWY 19 SUITE 233 NEW PORT RICHEY, FL 34652 US		Mailing Address PO BOX 999 PORT RICHEY, FL 34673-0999 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TORRENCE, ALFRED W ESQ. 6645 RIDGE RD. PT. RICHEY, FL 34668		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	RUSSELL, GAIL L	
STREET ADDRESS	9331 ELAINE DR.	
CITY-ST-ZIP	NEW PT. RICHEY, FL 34654	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  Gail Russell President		2-1105 (7a) 815-0999
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3522220	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000228285
02/14/05-80034-016 150.00