

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90370 007 \*\*\*150.00

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<b>DOCUMENT # P98000081214</b> 1. Entity Name LOW LOAD INSURANCE SERVICES, INC.																													
Principal Place of Business 2907 W. BAY TO BAY <del>SUITE 103</del> TAMPA, FL 33629 US			Mailing Address 2907 W. BAY TO BAY <del>SUITE 103</del> TAMPA, FL 33629 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip			3. Mailing Address Suite, Apt. #, etc. City & State Zip																										
Ste 200 City & State Zip			Ste 200 City & State Zip																										
4. FEI Number 59-3529926			Applied For Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent MAURER, JUDITH R 3203 BAYSHORE BLVD UNIT 1401 TAMPA, FL 33629			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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: <u>Judith R. Maurer</u> <u>Judith R. Maurer</u> <u>March 6, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D MAURER, JUDITH R</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MAURER, JUDITH R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3203 BAYSHORE BLVD, UNIT 1401</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33629</td> <td></td> </tr> </table>			TITLE	D MAURER, JUDITH R	<input type="checkbox"/> Delete	NAME	MAURER, JUDITH R		STREET ADDRESS	3203 BAYSHORE BLVD, UNIT 1401		CITY-ST-ZIP	TAMPA, FL 33629		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Judith R. Maurer</u> <u>Mar 6, 2007</u> <u>813-902-0002</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													