

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

07-15-2004 90009 029 ***158.75

DOCUMENT # P98000085442	
1. Entity Name COMPREHENSIVE INSURANCE SOLUTIONS, INC.	

Principal Place of Business 127 MIRACLE STRIP PARKWAY SUITE N7 FORT WALTON BEACH, FL 32548	Mailing Address 127 MIRACLE STRIP PARKWAY SUITE N7 FORT WALTON BEACH, FL 32548
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66431288



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

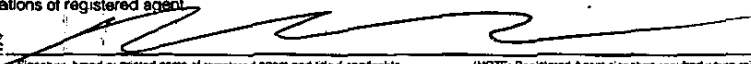
07012004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3537050	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEA, ARDEN J THE PLAZA SUITE 209 4507 FURLING LANE DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Michael Wm. Head PA Street Address (P.O. Box Number is Not Acceptable) 24 Walter Martin Road Ste 3 City Fort Walton Beach FL Zip Code 32548	
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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.

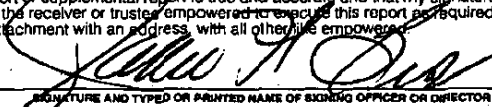
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, MARION E 1003 HWY 173 GRACEVILLE, FL 32440 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 127 miracle strip Pkwy Suite N7 Ft. Walton beach, FL 32548 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FOSTER BROOKS, JANICE 1003 HW 173 GRACEVILLE, FL 32440 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brooks, Janice Foster 127 miracle strip Pkwy Suite N7 Ft. Walton Beach, FL 32548 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 empowerments.

SIGNATURE:  07/05/04 850-243-5604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Janice Foster Brooks

Attachment

66431288

**Comprehensive Insurance Solutions
127 Miracle Strip Parkway, SW, Suite N-7
Fort Walton Beach, FL 32548-6614
850-243-5604**

July 5, 2004

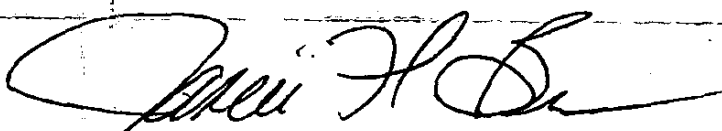
**Division of Corporations
P. O. Box 6198
Tallahassee, FL 32314-6198**

To Whom It May Concern:

**RE: ~~Comprehensive Insurance Solutions~~
Document #P98000085442**

Enclosed please find our corporate registration form with a check for \$158.75 attached (for the registration fee and certificate of status fee). We did not receive the original notice of registration and request that the late fee be waived as this was not an intentional oversight on our part. Thank you for your consideration and efforts on our behalf.

Sincerely,



**Janice Foster Brooks
Senior Vice President**