


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90039 038 ***150.00

DOCUMENT # P99000024268 1. Entity Name SHANK-BRANCH INSURANCE SERVICES, INC.																													
Principal Place of Business 110 DEBARRY ORANGE PARK, FL 32073			Mailing Address P.O. BOX 5744 JACKSONVILLE, FL 32247																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 110 Debarry Ave Suite, Apt. #, etc.																											
City & State Orange Park, FL		City & State Orange Park, FL		4. FEI Number 59-3569145																									
Zip 32073		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SHANK, WILLIAM H 108 DEBARRY AVE. ORANGE PARK, FL 32073				7. Name and Address of New Registered Agent Name Raynell Aaron Street Address (P.O. Box Number is Not Acceptable) 110 Debarry Ave City Orange Park FL Zip Code 32073																									
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>Raynell Aaron</u> Raynell Aaron DATE 4/21/04 <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, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 15%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHANK, WILLIAM H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1104 OSCEOLA ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32204</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">President</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Raynell Aaron</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>110 Debarry Ave.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Orange Park, FL 32073</td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	SHANK, WILLIAM H		STREET ADDRESS	1104 OSCEOLA ST		CITY-ST-ZIP	JACKSONVILLE, FL 32204		TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Raynell Aaron		STREET ADDRESS	110 Debarry Ave.		CITY-ST-ZIP	Orange Park, FL 32073	
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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: <u>Raynell Aaron</u> Raynell Aaron DATE 4/21/04 904-269-4848 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													