

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90001 048 ***550.00

DOCUMENT # P99000052311

1. Entity Name
THE RELENTLESS INSURANCE GROUP, INC.



Principal Place of Business
**4010 57TH AVENUE SOUTH STE 204
LAKE WORTH, FL 33463**

Mailing Address
**4010 57TH AVENUE SOUTH STE 204
LAKE WORTH, FL 33463**

54066807



08022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0935722	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

**MCALONAN, FRANCIS R JR.
4010 57TH AVENUE SOUTH STE 204
LAKE WORTH, FL 33463**

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

**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

TITLE	DPD
NAME	MCALONAN, FRANCIS R JR.
STREET ADDRESS	4010 57TH AVENUE SOUTH STE 204
CITY-ST-ZIP	LAKE WORTH, FL 33463

TITLE	
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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/04 **561-969-6661**
Date Daytime Phone #