2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000094144

1. Entity Name
PET HEALTH INSURANCE PROVIDERS, INC.

Principal Place of Business	Mailing Address
PO BOX 970	PO BOX 970
PONTE VEDRA BEACH, FL 32004	PONTE VEDRA BEACH, FL 32004

DO NOT WRITE IN THIS SPACE

02032004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3613460	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PETTIGREW, JAMES L
2118 SOFTWINDS TRAIL
JACKSONVILLE, FL 32224

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 _____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U00000089793 03/16/04-80003-008 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DPST
NAME	PETTIGREW, J. LOU
STREET ADDRESS	PO BOX 970
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32004

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _James Lane Pettigrew_   3-15-04   904-220-5597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #