## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000099772

4402 CHARLESTON COURT

TAMPA, FL 33609

Address:

City-St-Zip:

FILED Jan 19, 2004 Secretary of State

Entity Name: PROFESSIONAL LIABILITY SOLUTIONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 8349 GUNN HIGHWAY TAMPA, FL 33626 **Current Mailing Address: New Mailing Address:** P.O. BOX 18683 TAMAP, FL 33679 US FEI Number: 31-1678657 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HALL, ROBERT C 4402 CHARLESTON COURT TAMPA, FL 33609 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition HALL, ROBERT C Name: Name: 4402 CHARLESTON COURT Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: () Delete Title: () Change () Addition HALL, REBECCA D Name: Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CHALL **PRES** 01/19/2004