


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90481 048 ***150.00

DOCUMENT # P99000099772 1. Entity Name PROFESSIONAL LIABILITY SOLUTIONS, INC.					
Principal Place of Business 8349 GUNN HIGHWAY TAMPA, FL 33626			Mailing Address P.O. BOX 18683 TAMAP, FL 33679 US		
2. Principal Place of Business 3000 Bayport Drive		3. Mailing Address 			
Suite, Apt. #, etc. Suite 580		Suite, Apt. #, etc. 			
City & State Tampa, FL		City & State 			
Zip 33607		Country USA		4. FEI Number 31-1678657	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HALL, ROBERT C 4402 CHARLESTON COURT TAMPA, FL 33609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 HALL, ROBERT C 4402 CHARLESTON COURT TAMPA, FL 33609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALL, REBECCA D 4402 CHARLESTON COURT TAMPA, FL 33609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director William J. Reese, Jr. 16800 Greenspoint Park Dr. Suite 255N Houston, TX 77060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director John A. Montgomery 16800 Greenspoint Park Dr. Suite 255N Houston, TX 77060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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>John Montgomery</u> John Montgomery <u>4/28/05</u> <u>281-872-5000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					