

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102111

FILED
Mar 26, 2004
Secretary of State

Entity Name: NATIONAL INSURANCE SERVICE PLAN, INC.

Current Principal Place of Business:

3201 N. FED HWY
STE 214
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

P O BOX 6037
FT. LAUDERDALE, FL 333106037

New Mailing Address:

P O BOX 6037
FT. LAUDERDALE, FL 333106037 US

FEI Number: 65-0988985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAYMOND, RONALD
3201 NO. FEDERAL HWY STE 214
FORT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

RAYMOND, RONALD A
PO BOX 6037
FORT LAUDERDALE, FL 333106037 US

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: RONALD A RAYMOND

03/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAYMOND, RONALD A
Address: 1625 S.E. 10TH AVE.#903
City-St-Zip: FT. LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
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: RONALD A RAYMOND

PRES

03/26/2004

Electronic Signature of Signing Officer or Director

Date