

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S75052

FILED  
Jan 13, 2004  
Secretary of State

**Entity Name:** INSURANCE MANAGEMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

801 94TH AVE N  
SAINT PETERSBURG, FL 33702 US

**New Principal Place of Business:**

801 94TH AVE NORTH  
SAINT PETERSBURG, FL 33702 US

**Current Mailing Address:**

801 94TH AVE N  
SAINT PETERSBURG, FL 33702 US

**New Mailing Address:**

**FEI Number:** 59-3111643      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARANDO, ANTHONY R  
801 94TH AVE N  
SAINT PETERSBURG, FL 33702 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: MENKE, ROBERT M.,  
Address: 360 CENTRAL AVE.  
City-St-Zip: ST. PETERSBURG, FL

Title: DC ( ) Delete  
Name: MEEHAN, DAVID K.,  
Address: 360 CENTRAL AVE.  
City-St-Zip: ST. PETERSBURG, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DC (X) Change ( ) Addition  
Name: MUMA, LESLIE M  
Address: 255 FISERV DRIVE  
City-St-Zip: BROOKFIELD, WI 53045

Title: P (X) Change ( ) Addition  
Name: O'KEEFFE, JOSEPH  
Address: 801 94TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VP ( ) Change (X) Addition  
Name: JENSEN, KENNETH R  
Address: 255 FISERV DRIVE  
City-St-Zip: BROOKFIELD, WI 53045

Title: S ( ) Change (X) Addition  
Name: SPRAGUE, CHARLES W  
Address: 255 FISERV DRIVE  
City-St-Zip: BROOKFIELD, WI 53045

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: CHARLES W. SPRAGUE

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01/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date