


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 804819
 1. Entity Name
BITUMINOUS CASUALTY CORPORATION



Principal Place of Business: **C/O ROBERT RAINEY
 320 18TH STREET
 ROCK ISLAND, IL 61201**

Mailing Address: **C/O ROBERT RAINEY
 320 18TH STREET
 ROCK ISLAND, IL 61201**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number: **36-0810360** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**NORTON INSURANCE OF FL.
 2 ELGIN PARKWAY NE
 SUITE 33
 FT. WALTON BEACH, FL 32549**

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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) DATE: _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	ATOR, ROBERT G
STREET ADDRESS	320-18TH ST
CITY-ST-ZIP	ROCK ISLAND, IL 61201
TITLE	VT
NAME	RAINEY, ROBERT
STREET ADDRESS	320 18TH STREET
CITY-ST-ZIP	ROCK ISLAND, IL 61201
TITLE	P
NAME	ATOR, ROBERT G
STREET ADDRESS	320-18TH ST.
CITY-ST-ZIP	ROCK ISLAND, IL 61201
TITLE	V
NAME	HORACK, BRUCE
STREET ADDRESS	320-18TH ST.
CITY-ST-ZIP	ROCK ISLAND, IL 61201
TITLE	V
NAME	JORGENSON, MARK S
STREET ADDRESS	320-18TH ST.
CITY-ST-ZIP	ROCK ISLAND, IL 61201
TITLE	
NAME	
STREET ADDRESS	
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: Robert D. Rainey, Sr. Date: 2/18/05 Daytime Phone #: 309-732-0409

Robert D. Rainey, Sr. Vice President / Treasurer