

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90050 038 ***150.00

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1. Entity Name
 INSURADYNE CORP.



Principal Place of Business
 755 RINEHART ROAD
 P.O. BOX 958402
 LAKE MARY, FL 32795-5402

Mailing Address
 755 RINEHART ROAD
 P.O. BOX 958402
 LAKE MARY, FL 32795-5402

94042913



DO NOT WRITE IN THIS SPACE

03122004 No Chg-P CR2E034 (10/03)

4. FEI Number
 63-0761784 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SILL, STEPHEN M
 755 RINEHART RD
 LAKE MARY, FL 32746

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	QUIST, GEORGE R
STREET ADDRESS	4491 WANDER LANE
CITY-ST-ZIP	SALT LAKE CITY, UT 84117
TITLE	TV
NAME	SILL, STEPHEN M
STREET ADDRESS	5300 S. 360 W. - SUITE 200
CITY-ST-ZIP	SALT LAKE CITY, UT 84123
TITLE	PD
NAME	QUIST, SCOTT M
STREET ADDRESS	7 WANDERWOOD WAY
CITY-ST-ZIP	SANDY, UT 84092
TITLE	D
NAME	CRITTENDEN, CHARLES
STREET ADDRESS	2334 FILMORE AVE
CITY-ST-ZIP	OGDEN, UT 84401
TITLE	D
NAME	MOODY, HOWARD C
STREET ADDRESS	1782 E FAUNSDALE DR
CITY-ST-ZIP	SANDY, UT 84092
TITLE	VSD
NAME	QUIST, G. ROBERT
STREET ADDRESS	5300 S. 360 W. - SUITE 200
CITY-ST-ZIP	SALT LAKE CITY, UT 84123

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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: *Diana C. Olson* DIANNA C. OLSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04 (801) 264-1060
Date Daytime Phone #