


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 663376**  
 1. Entity Name  
**A.J. HOSEA INSURANCE, INC.**



Principal Place of Business  
 15555 CAIRNRYAN COURT  
 MIAMI LAKES, FL 33014

Mailing Address  
 P.O. BOX 4861  
 HIALEAH, FL 33014

**DO NOT WRITE IN THIS SPACE**



01252004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1978450** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 HOSEA, A. J  
 15555 CAIRNRYAN COURT  
 MIAMI LAKES, FL 33014

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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

U000000029631  
 03/15/04-80099-022 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOSEA, A. J 15555 CAIRNRYAN COURT MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOSEA, CHARLES T 15555 CAIRNRYAN COURT MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HOSEA, ROBERT A 15555 CAIRNRYAN COURT MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 A. Hosea **ROBERT A. HOSEA, V.P.** 3-12-04 **305-824-9994**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #