2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2004 8:00 am Secretary of State

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DOCUMENT # 703321 1. Entity Name PINELLAS ASSOCIATION OF INSURANCE AGENTS, INC.						01-26-20	•		
1543 S. HIG #273	e of Business HLAND AVE. R, FL 33756	Mailing Address 1543 S. HIGHLAND AV #273 CLEARWATER, FL 332							-
		3. Mailing Address							
2. Principal Place of Business		3. Walling Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082004 C	hg-NP	CR2E	37 (10/03)	
. City & State		City & State		4. FEI Number 59-196613	36			Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of S	****	· 🗀	\$8.75 Ac	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Add	dress of New	Registered		eu
BLANCHARD, GEORGE F.				Name					
	IGHLAND AVE.			Street Address	(P.O. Box Number is	Not Accepta	ble)		
	ATER, FL 33756		· · · · · · · · · · · · · · · · · · ·						
		•	·	City			FI	Zip Co	de
	named entity submits this statement fo	or the purpose of changing it	s registered	d office or registe	ered agent, or both, ir	the State of	Florida. I am	familiar with	, and accept
the obligat	tions of registered agent.							•	
SIGNATURE.				•					
	Signature, typed or printed name of registered agent	and title if applicable (NO	E: Registered	Agent signature require	ed when reinstating) .		DATE		
<u> </u>	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2004	and title if applicable (NO 9. Election Ca Trust Fund	mpaign Fir	nancing	\$5.00 May Be Added to Fees	FI		k payable	
<u> </u>	Filing Fee is \$61.25	9. Election Ca Trust Fund	mpaign Fir	nancing	\$5.00 May Be		Make chec orida Depa	rtment of S	State
10	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Ca Trust Fund	mpaign Fir Contributio	nancing on. VP	\$5.00 May Be Added to Fees ADDITIONS/CHANG	ES TO OFFIC	Make chec orida Depa	rtment of S	State
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10 TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DID WASSON, CHARLES	9. Election Ca Trust Fund	mpaign Fir Contributio	nancing on. VP Was 113	\$5.00 May Be Added to Fees ADDITIONS/CHANG	es to officer rles ey Roa	Make checorida Depa	rtment of S	State N 10
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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 617, 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.