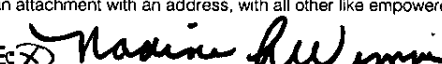


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-26-2004 90011 044 ****70.00

DOCUMENT # 703321 1. Entity Name PINELLAS ASSOCIATION OF INSURANCE AGENTS, INC.					
Principal Place of Business 1543 S. HIGHLAND AVE. #273 CLEARWATER, FL 33756			Mailing Address 1543 S. HIGHLAND AVE. #273 CLEARWATER, FL 33756		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01082004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1966136	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BLANCHARD, GEORGE F. 1543 S. HIGHLAND AVE. #273 CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASSON, CHARLES ☐ Delete 11309 STARKEY ROAD LARGO, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☒ Change ☐ Addition Wasson, Charles 11309 Starkey Road Largo, Florida 33773	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STITT, WILLIAM ☒ Delete 29605 US 19 CLEARWATER, FL 33761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wynne, Nadine ☐ Change ☒ Addition One Beach Drive SE St. Petersburg, Florida 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, STEPHEN D ☐ Delete 3901 16TH STREET N SAINT PETERSBURG, FL 33713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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.					
SIGNATURE 			Nadine Wynne		1-14-04 727 521 2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #