

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855243

FILED  
Feb 10, 2004  
Secretary of State

Entity Name: UNITED NATIONAL INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

7985 113TH ST. N.  
SUITE 112  
SEMINOLE, FL 33772 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3600  
SEMINOLE, FL 337753600 US

**New Mailing Address:**

FEI Number: 59-2164141      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MALONEY, JOHN L ESQ.  
3862 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33711 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: FRANKLIN, MATTHEW T  
Address: 1924 2ND STREET  
City-St-Zip: NAPA, CA 94559

Title: CPTS ( ) Delete  
Name: FRANKLIN, LARRY A  
Address: 18201 GULF BLVD., UNIT 406  
City-St-Zip: REDINGTON SHORES, FL 33708

Title: ASD ( ) Delete  
Name: FRANKLIN, JANA L  
Address: 18201 GULF BLVD., UNIT 406  
City-St-Zip: REDINGTON SHORES, FL 33708

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: FRANKLIN, LARRY A  
Address: 18201 GULF BLVD., UNIT 406  
City-St-Zip: REDINGTON SHORES, FL 33708

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY A. FRANKLIN

PRES

02/10/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date