2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90058 002 ***150.00

DOCUMENT # H31891

1. Entity Name
INSURANCE OFFICE OF AMERICA, INC.

Principal Place of Business	Mailing Address
150 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714 US	150 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714 US

2. Principal Place of Business	3. Mailing Address
	P.O. Box 162207
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Altamonte Springs, FL
Zip / Country	Zip: 32716-2207 / Country: USA

03242004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-2472656 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORAN, THOMAS P. 111 N. ORANGE AVE, SUITE 1200 ORLANDO, FL 32801	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 _____ 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RITENOUR, JOHN K. 475 LONGMEADOW LANE LONGWOOD, FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANFRE, MARK 150 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCALISE, TOM 150 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LODWICK, DAVID 150 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAKI, DAVE 150 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	☐ 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 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: _____ John K. Ritnour 3/25/2004 407-788-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #