

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K49744

FILED
Feb 09, 2004
Secretary of State

Entity Name: HOTEL-MOTEL INSURANCE GROUP, INC.

Current Principal Place of Business:

220 SOUTH RIDGEWOOD AVE
P O DRAWER 2412
DAYTONA BEACH, FL 32115 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1348
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: 59-2926768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAMMIG, LAUREL L.
401 E. JACKSON ST., STE 1700
TAMPA, FL 33602 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: P () Delete
Name: BROWN, J. HYATT
Address: 220 S. RIDGEWOOD AVE.
City-St-Zip: DAYTONA BCH, FL 32114

Title: DVPS () Delete
Name: GRAMMIG, LAUREL L
Address: 401 E. JACKSON ST., STE 1700
City-St-Zip: TAMPA, FL 33602

Title: T () Delete
Name: WALKER, CORY T
Address: 220 S. RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VPAS () Delete
Name: DONEGAN, JR., THOMAS M
Address: 401 E. JACKSON ST., STE. 1700
City-St-Zip: TAMPA, FL 33602

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

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: LAUREL L. GRAMMIG

VPASD

02/09/2004

Electronic Signature of Signing Officer or Director

_____ Date