


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000030421**  
 1. Entity Name  
**THE FLEETWOOD INSURANCE AGENCY, INC.**



Principal Place of Business      Mailing Address  
**4065 SW 40TH STREET**      **4065 SW 40TH STREET**  
**OCALA, FL 34474**      **OCALA, FL 34474**

**DO NOT WRITE IN THIS SPACE**



01132004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3635123**      Not Applicable

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

9. Name and Address of Current Registered Agent  
**FLEETWOOD, BRADLEY J**  
**2020 SW 66TH STREET**  
**OCALA, FL 34476**

**DO NOT WRITE IN THIS SPACE**

2. The above name, address, and title of the registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation to maintain the same 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 obligation to maintain the same 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 obligation to maintain the same for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when relocating)      DATE: \_\_\_\_\_

**FILE NOW! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

3. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEETWOOD, BRADLEY J 2020 SW 66TH STREET OCALA, FL 34476
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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 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:** *Bradley J. Fleetwood*      1/10/04      352-854-7166  
 SIGNATURE AND ADDRESS OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #