

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90021 047 ***150.00

DOCUMENT # P0000075422

1. Entity Name
FLORIDA LAWYERS INSURANCE AGENCY, INC.



Principal Place of Business Mailing Address

3504 LAKE LYNDA DRIVE **3504 LAKE LYNDA DRIVE**
SUITE 325A **SUITE 325A**
ORLANDO, FL 32817 **ORLANDO, FL 32817**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02252004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3679331 Not Applicable

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



6. Name and Address of Current Registered Agent

THOMPSON, WILLIAM L JR
2301 PARK AVE STE 404
ORANGE PARK, FL 32073

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 _____

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

TITLE	D	<input type="checkbox"/> Delete
NAME	STAGG, LAWRENCE	
STREET ADDRESS	P.O. BOX 32373	
CITY-ST-ZIP	TAMPA, FL 336013273	
TITLE	D	<input type="checkbox"/> Delete
NAME	SONDAK, ROBERT M	
STREET ADDRESS	9400 S. DADELAND BLVD., STE 600	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRERO, RAY F JR.	
STREET ADDRESS	P.O. BOX 350648	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33335	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LOUCKS, WILLIAM E	
STREET ADDRESS	P.O. BOX 15200	
CITY-ST-ZIP	DAYTONA BEACH, FL 32115	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, GARY	
STREET ADDRESS	P.O. BOX 391	
CITY-ST-ZIP	TALLAHASSEE, FL 32302	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DISQUE, PHILIP A	
STREET ADDRESS	707 S.E. 3RD AVENUE, STE 400	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: William E Loucks Date: March 2, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

24019104

2004 UNIFORM BUSINESS REPORT (UBR)

Florida ~~Lawyers Insurance Agency, Inc.~~
Document # P00000075422

10. ADDITIONAL OFFICERS AND DIRECTORS

Title EVP
Name JONES, MARY F.
Address 2041 SEPLER DRIVE
FERN PARK, FL 32730-3110

Title D
Name LARRY, DENNIS K.
Address 125 W. ROMANA
ONE PENSACOLA PLAZA, STE. 800
PENSACOLA, FL 32501