

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90034 019 \*\*\*150.00

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01292004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000060632			
1. Entity Name DARUS INSURANCE AGENCY, INC.			
Principal Place of Business 8975 W COLONIAL DRIVE OCOOEE, FL 34761		Mailing Address 8975 W COLONIAL DRIVE OCOOEE, FL 34761	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3731731		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DARUS, ANN D 8975 W COLONIAL DRIVE OCOOEE, FL 34761		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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARUS, ANN D	NAME	
STREET ADDRESS	8975 W COLONIAL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	OCOOEE, FL 34761	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARIUS, BRIAN K	NAME	DARUS, BRIAN K
STREET ADDRESS	8975 W. COLONIAL DR.	STREET ADDRESS	8975 W COLONIAL DR
CITY-ST-ZIP	OCOOEE, FL 34761	CITY-ST-ZIP	OCOOEE, FL 34761
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARUS, JOYCE B	NAME	
STREET ADDRESS	8975 W. COLONIAL DR.	STREET ADDRESS	
CITY-ST-ZIP	OCOOEE, FL 34761	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  ANN D DARUS - President 1/29/04 4072978656

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