


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90010 012 ***150.00

DOCUMENT # P02000012159..

1. Entity Name
TD INSURANCE INCORPORATED



Principal Place of Business Mailing Address

~~1386 34TH AVENUE~~ **1425 20th St** ~~1386 34TH AVENUE~~ **1425 20th St**

VERO BEACH FL 32960 **VERO BEACH FL 32960**

DI. 1000



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

1425 20th STREET **1425 20th STREET**

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

City & State City & State

VERO BEACH, FL **VERO BEACH, FL**

Zip Country Zip Country

32960 **USA** **32960** **USA**

4. FEI Number Applied For

01-0583663 Not Applicable

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

6. Name and Address of Current Registered Agent

DANAHER, THOMAS
~~1386 34TH AVENUE~~ **1425 20th Street**
VERO BEACH FL 32960

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 Tom Danaher, TOM DANAHER, PRESIDENT 1/22/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	P DANAHER, THOMAS 1386 34TH AVENUE VERO BEACH FL 32960	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1425 20th STREET
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Tom Danaher, TOM DANAHER 1/22/04 772-567-1700

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