


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000096822 1. Entity Name STOGNER INSURANCE AGENCY, INC.	
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Principal Place of Business 6131 DELTONA BOULEVARD SPRING HILL, FL 34606	Mailing Address 6131 DELTONA BOULEVARD SPRING HILL, FL 34606
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03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3710741	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

STOGNER-HERNANDEZ, TRACIE L
 6131 DELTONA BOULEVARD
 SPRING HILL, FL 34606

DO NOT WRITE IN THIS SPACE

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: N/A (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

UN0000154743
 05/05/04-80009-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOGNER-HERNANDEZ, TRACIE L 6131 DELTONA BOULEVARD SPRING HILL, FL 34606
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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)(f), 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: Tracie L. Stogner-Hernandez 4/29/04 (352) 597-2399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #