

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2004 8:00 am
Secretary of State

09-15-2004 90002 007 ***150.00

DOCUMENT # P03000064892	
1. Entity Name SEAN THOMAS INSURANCE INC.	

Principal Place of Business 1200 UNIVERSITY BLVD. SUITE 200 JUPITER, FL 33458	Mailing Address 1200 UNIVERSITY BLVD. SUITE 200 JUPITER, FL 33458
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54072994

2. Principal Place of Business 1200 University Blvd	3. Mailing Address 12954 N. Normandy Way
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc.
City & State Jupiter FL	City & State Palm Beach Gardens FL
Zip 33458	Country U.S.A

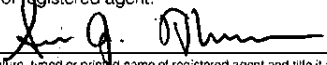


08262004 Chg-P CR2E034 (10/03)

4. FEI Number 43-2018541	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

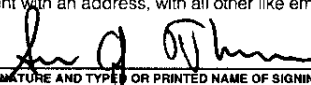
6. Name and Address of Current Registered Agent THOMAS, SEAN 1200 UNIVERSITY BLVD. SUITE 200 JUPITER, FL 33458	
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7. Name and Address of New Registered Agent Name Sean Thomas Street Address (P.O. Box Number is Not Acceptable) 12954 N. Normandy Way City Palm Beach Gardens FL Zip Code 33410	
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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 	Sean Thomas	DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, SEAN J 1200 UNIVERSITY BLVD. JUPITER, FL 33458 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 	Sean J. Thomas	Date 9-13-04 Daytime Phone # 561-776-0660