2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004
Secretary of State

DOCUMENT# P03000095818

Entity Name: TAMPABAY INSURANCE GROUP, INC.

Current Principal Place of Business:

1120 FLORES DE AVILA
TAMPA, FL 33613 US

New Principal Place of Business:

13902 N DALEMABRY HWY
STE 116
TAMPA, FL 33618 US

Current Mailing Address:

1120 FLORES DE AVILA
TAMPA, FL 33613 US

New Mailing Address:

13902 N DALEMABRY HWY
STE 116
TAMPA, FL 33618 US

FEI Number: 33-1069403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, SCOTT F
200 SOUTH HOOVER
BLDG 201, SUITE 140
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HARRISON, JOHN WAYNE
Address: 1120 FLORES DE AVILA
City-St-Zip: TAMPA, FL 33613 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HARRISON, PATRICIA
Address: 13902 N DALEMABRY HWY #116
City-St-Zip: TAMPA, FL 33613 US

Title: S ( ) Change (X) Addition
Name: PIERCE, MARGARET
Address: 13902 N DALEMABRY HWY
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA HARRISON D 04/08/2004

Electronic Signature of Signing Officer or Director Date