

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112775

**FILED**  
**Jan 09, 2004**  
**Secretary of State**

**Entity Name:** PEINE & ASSOCIATES INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2040 REDGATE LANE  
DELTONA, FL 32738 US

**New Principal Place of Business:**

1277 N SEMORAN BLVD SUITE 107  
ORLANDO, FL 32807 US

**Current Mailing Address:**

2040 REDGATE LANE  
DELTONA, FL 32738 US

**New Mailing Address:**

1277 N SEMORAN BLVD SUITE 107  
ORLANDO, FL 32807 US

**FEI Number:** 03-0529933      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: PEINE, BRIAN J JR  
Address: 2040 REDGATE LANE  
City-St-Zip: DELTONA, FL 32738 US

Title: D ( ) Delete  
Name: RUTTER, CHRIS  
Address: 1063 EAST SANDPIPER STREET  
City-St-Zip: APOPKA, FL 32712 US

Title: D ( ) Delete  
Name: PEINE, STEVEN  
Address: 6431 SUMMIT ROAD  
City-St-Zip: ORLANDO, FL 32810 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRIAN J PEINE JR

MR

01/09/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date