

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05457

FILED
Jan 06, 2004
Secretary of State

Entity Name: IFN INSURANCE AGENCY, INC.

Current Principal Place of Business:

6610 WEST BROAD STREET
RICHMOND, VA 23230

New Principal Place of Business:

Current Mailing Address:

6610 WEST BROAD STREET
RICHMOND, VA 23230

New Mailing Address:

FEI Number: 54-1304309 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: S () Delete
Name: DUFFY, THOMAS E
Address: 6610 WEST BROAD STREET
City-St-Zip: RICHMOND, VA 23230

Title: VPAS () Delete
Name: BOBITZ, WARD E
Address: 711 ROCKFORD RD
City-St-Zip: MANAKIN-SABOT, VA 23103

Title: DVP () Delete
Name: KOSTER, EUGENE
Address: 6630 WEST BROAD STREET
City-St-Zip: RICHMOND, VA 23230

Title: PD () Delete
Name: STINSON, THOMAS M
Address: 1488 STAGE COACH ROAD
City-St-Zip: MANAKIN SABOT, VA 23103

Title: DVP () Delete
Name: STIFF, GEOFFREY S
Address: 6610 W BRAOD ST
City-St-Zip: RICHMOND, VA 23230

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:

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: THOMAS E. DUFFY

S

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date