


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000005305 1. Entity Name THE FLORIDA INSURANCE GROUP OF VOLUSIA, INC.	
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Principal Place of Business 1386 S. SAXON BLVD. DELTONA, FL 32725	Mailing Address 1386 S. SAXON BLVD. DELTONA, FL 32725
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02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3227963	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

RODRIGUEZ, JULIAN
1386 S. SAXON BLVD
DELTONA, FL 32725

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 _____ (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

U000000099649
03/31/04-80014-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, JULIAN 1386 S. SAXON B:VD DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, ELAINE Y 1386 S. SAXON BLVD. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RODRIGUEZ, ROSA B 1386 S. SAXON BLVD. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, JULIAN E 1386 S. SAXON BLVD DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 an other like empowered.

SIGNATURE: Rodriguez 03-27-04 (386)985-2992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #