

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000022972	
1. Entity Name SANDBERGEN INSURANCE, INC.	

Principal Place of Business 2121 NE COACHMAN ROAD CLEARWATER, FL 33765	Mailing Address 2121 NE COACHMAN ROAD CLEARWATER, FL 33765
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3497275	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANDBERGEN, STEVEN R 2121 NE COACHMAN ROAD CLEARWATER, FL 33765

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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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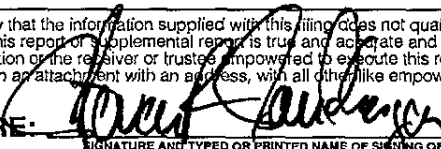
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANDBERGEN, STEVEN R 2121 NE COACHMAN ROAD CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHARDSON, GREGORY W 2121 NE COACHMAN ROAD CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/23/04-80016-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  STEVEN R. SANDBERGEN, PRESIDENT	Date _____	Daytime Phone # _____
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727/442-001