

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049092

FILED
Mar 03, 2004
Secretary of State

Entity Name: SENIRAM INSURANCE, INC.

Current Principal Place of Business:

1539 AUBURN OAKS CIRCLE
AUBURNDALE, FL 33823

New Principal Place of Business:

1900 HAVENDALE BLVD.
SUITE C
WINTER HAVEN, FL 33881

Current Mailing Address:

1539 AUBURN OAKS CIRCLE
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 58-2669780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

READ, JOHNNY M
1539 AUBURN OAKS CIRCLE
AUBURNDALE, FL 33823

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: READ, JOHNNY M
Address: 1539 AUBURN OAKS CIRCLE
City-St-Zip: AUBURNDALE, FL 33823

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change () Addition
Name: READ, JOHNNY M
Address: 1539 AUBURN OAKS CIRCLE
City-St-Zip: AUBURNDALE, FL 33823

Title: V () Change (X) Addition
Name: READ, JOHNNY M JR
Address: 4900 CYPREEE GARDENS RD. #51
City-St-Zip: WINTER HAVEN, FL 33884

Title: T () Change (X) Addition
Name: READ, LINDA F
Address: 1539 AUBURN OAKI CIRCLE
City-St-Zip: AUBURNDALE, FL 33823

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: JOHNNY M. READ

P

03/03/2004

Electronic Signature of Signing Officer or Director

_____ Date