2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 08:00 AM Secretary of State

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1. Entity Nerr	MENT # V07174 Insurance agency, inc				Secr	etary o	n State
P.O. BOX 20	e of Business 46 32704-2046 US	Mailing Address 1031 W. MORSE BLVD. SUITE 300 WINTER PARK, FL 32789					
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	O NOT WRITE	IN THIS SPA	CF	03292004	No Chg-P	CR2E034 (10	
				4. FEI Numb 59-310			Applied For Not Applicable
				5. Certificate	of Status Desired	Fee Re	5 Additional equired
NOVE TO	Name and Address of Current Re FOLEY	egisieren Agent				and the second second	
1031 W. N	N, LESLEY IORSE BLVD.			i kin bib i kaning	NOT W	esta ranconvivo	an also to
STE. 300 WINTER F	PARK, FL 32789			IN T	THIS SP	ACE	kylenie zane
	named entity submits this statement for t tions of registered agent.	he purpose of changing its registe	red office or register	red agent, or bo	th, in the State of Flori	ida. I am familiar	with, and accep
SIGNATURE.							
i							
	Squature, typed or printed name of registered agent and	d title it applicable. (NOTE: Register	ed Agent signature require	2 when reinstating)		DATE	
	Squature, speed or printed name of requested agent and E NOWIII FEE IS \$150.00 ay 1, 2004 Fee Will be \$550.00	9. Election Campaign Fina	ncing _ \$5	when reinstating) OO May Seled to Fees	UQQQQQ1 04/16/ 0 4-8	15549	150.00
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 OFFICERS AND D	Election Campaign Fina Trust Fund Contribution	ncing _ \$5	.00 May 8e	U000001 04/16/ 04 -8	15549	150.00
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12. I hereby certify that the information supplied with this filling 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 affect 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 807. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an affection with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZP

BIONATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

407-886-330

Daytime Phone #