

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 155273

FILED  
Jan 13, 2004  
Secretary of State

Entity Name: SCHULTHEIS INSURANCE AGENCY, INC.

## Current Principal Place of Business:

635 A BEVILLE RD.  
DAYTONA BCH, FL 32119 US

## New Principal Place of Business:

## Current Mailing Address:

635 A BEVILLE RD.  
DAYTONA BCH, FL 32119 US

## New Mailing Address:

FEI Number: 59-0590840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, E. DAVID  
635 A BEVILLE RD.  
DAYTONA BEACH, FL 32119 US

## Name and Address of New Registered Agent:

WILLIAMS, E. DAVID  
635 A BEVILLE RD.  
DAYTONA BEACH, FL 32119 US

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:

01/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: WILLIAMS, NINA C.,  
Address: 635 A BEVILLE  
City-St-Zip: DAYTONA BEACH, FL

Title: STD ( ) Delete  
Name: WILLIAMS, EDWARD,  
Address: 635 A BEVILLE  
City-St-Zip: DAYTONA BEACH, FL

Title: P ( ) Delete  
Name: WILLIAMS, E DAVID  
Address: 635 BEVILLE RD  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VP ( ) Delete  
Name: HEBERT, HELEN W  
Address: 635 BEVILLE RD  
City-St-Zip: DAYTONA BEACH, FL 32119

## 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:

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: E. DAVID WILLIAMS

P

01/13/2004

Electronic Signature of Signing Officer or Director

Date