

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 165570

Entity Name: INSURANCE BUREAU, INC.

FILED
Feb 06, 2004
Secretary of State

Current Principal Place of Business:

1515 N. WESTSHORE BLVD.
P.O. BOX 31087
TAMPA, FL 33631

New Principal Place of Business:

Current Mailing Address:

1515 N. WESTSHORE BLVD.
P.O. BOX 31087
TAMPA, FL 33631

New Mailing Address:

FEI Number: 59-0660431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARP, ROBERT R.
1515 N WESTSHORE BLVD
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

O'BRIEN, THOMAS E
1515 N WESTSHORE BLVD
TAMPA, FL 33607 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: THOMAS E. O'BRIEN 02/06/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHARP, ROBERT R.,
Address: 18710 PEPPER PIKE LANE
City-St-Zip: LUTZ, FL

Title: S () Delete
Name: POTTS, CINDY
Address: 709 MARCO DRIVE, N.E.
City-St-Zip: ST. PETERSBURG, FL 337022749

Title: V () Delete
Name: TOMLIN, JOHN A
Address: 18008 CLEAR LAKE DR.
City-St-Zip: LUTZ, FL

Title: V () Delete
Name: O'BRIEN, THOMAS E,
Address: 315 INNER HARBOUR CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: VT () Delete
Name: MCKEE, ROBERT A
Address: 2916 CYPRESS RIDGE
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHARP, ROBERT R
Address: 18710 PEPPER PIKE LANE
City-St-Zip: LUTZ, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: O'BRIEN, THOMAS E,
Address: 315 INNER HARBOUR CIRCLE
City-St-Zip: TAMPA, FL 33602

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: CINDY POTTS S 02/06/2004

Electronic Signature of Signing Officer or Director Date