

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 230258

FILED  
Jan 09, 2004  
Secretary of State

Entity Name: JACK RICE INSURANCE, INC.

**Current Principal Place of Business:**

13080 S. BELCHER RD.,STE.H  
LARGO, FL 34643

**New Principal Place of Business:**

13080 S. BELCHER RD.,STE.H  
LARGO, FL 33773

**Current Mailing Address:**

13080 S. BELCHER RD.,STE.H  
LARGO, FL 34643

**New Mailing Address:**

13080 S. BELCHER RD.,STE.H  
LARGO, FL 33773

FEI Number: 59-0877777

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RICE, JACK S  
14261 LARK CT  
CLEARWATER, FL 34622 US

**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: PD ( ) Delete  
Name: RICE, JACK S.,  
Address: 14261 LARK CT.  
City-St-Zip: CLEARWATER, FL

Title: VP ( ) Delete  
Name: WEBSTER, CYNTHIA M.  
Address: 2289 PINNACLE CIRCLE N  
City-St-Zip: PALM HARBOR, FL

Title: VPD ( ) Delete  
Name: RICE, JACK S. JR.  
Address: 13080 S. BELCHER RD., # H  
City-St-Zip: LARGO, FL

**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:

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: JACK S. RICE

PD

01/09/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date