


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 237702	
1. Entity Name GINN-FLOYD INSURANCE AGENCY, INC.	

Principal Place of Business 312 ST JOHNS AVE PALATKA, FL 32177-4723 US	Mailing Address PO BOX 1608 PALATKA, FL 32178-4723 US
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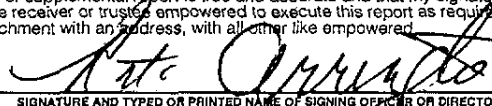
6. Name and Address of Current Registered Agent	
FLOYD, U D 312 ST JOHNS AVE PALATKA, FL 32177	

8. 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. I am familiar with, and accept the obligations of registered agent.	
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FLOYD, PEGGY 3242 BLAIR DRIVE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FLOYD, U D 3242 BLAIR DRIVE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ARRINGTON, RITA 312 ST JOHNS AVENUE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	3/2/04 386-328-1422
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>

01052004	No Chg-P	CR2E034 (10/03)
4. FEI Number 59-0936306	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	



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02/06/04 00053 017 150.00