

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 276394 1. Entity Name CATON INSURANCE AGENCY INC	
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Principal Place of Business 3731 NOVA ROAD PORT ORANGE, FL 32119	Mailing Address P.O. BOX 291970 PORT ORANGE, FL 32129-1970 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1057189	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOSEY, JOHN H 6110 PHEASANT RIDGE DR PORT ORANGE, FL 32124	DO NOT WRITE IN THIS SPACE
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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.

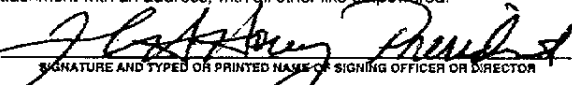
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000111417 04/13/04-80018-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CATON, REX F. 2811 SAULS ST SOUTH DAYTONA, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CATON, RICHARD 2811 SAULS ST SOUTH DAYTONA, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOSEY, JOHN H 6110 PHEASANT RIDGE DR PORT ORANGE, FL 32124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3-18-04 Date	386-767-3161 Daytime Phone #
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