

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 295632

1. Entity Name
DYAL-JOHNSON INSURANCE, INC.



Principal Place of Business
**35 CENTER STREET
P.O. BOX 813
CHATTAHOOCHEE, FL 32324-7813**

Mailing Address
**35 CENTER STREET
P.O. BOX 813
CHATTAHOOCHEE, FL 32324-7813**



01242904 No Chg-F CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-1098806

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

**FOWLER, TAMMY B
7349 HIGHWAY 80
GRAND RIDGE, FL 32442**

**DO NOT WRITE
IN THIS SPACE**

11. 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 changing

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

12. Election Campaign Financing
Trust Fund Contribution **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, EDNA P RT 1 BOX 58-A HOSFORD, FL 32334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO FOWLER, TAMMY B 7349 HIGHWAY 80 GRAND RIDGE, FL 32442
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04/29/04-30101-020 150.00

**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(2)(b), 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 807, 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 I/ps empowered.

SIGNATURE: *Edna P. Brown*
TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4-27-04 850-663-2216
Date Default Phone #