

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 320054

FILED
Jun 30, 2004
Secretary of State

Entity Name: STUTZMAN INSURANCE AGENCY INC

Current Principal Place of Business:

1235 BENEVA ROAD SOUTH
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

1235 BENEVA ROAD SOUTH
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 59-1171597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, MARLIN L
848 ALDERWOOD WAY
SARASOTA, FL 34243 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: PVD () Delete
Name: MOORE, MARLIN L
Address: 848 ALDERWOOD WAY
City-St-Zip: SARASOTA, FL 34240

Title: SD () Delete
Name: BONTRAGER TERESA,
Address: 7147 INDIAN BOW LANE
City-St-Zip: SARASOTA, FL 34240

Title: TD () Delete
Name: MOORE, LORRAINE J
Address: 848 ALDERWOOD WAY
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD (X) Change () Addition
Name: MOORE, MARLIN L
Address: 848 ALDERWOOD WAY
City-St-Zip: SARASOTA, FL 34243 US

Title: SD (X) Change () Addition
Name: BONTRAGER, TERESA C
Address: 7147 INDIAN BOW LANE
City-St-Zip: SARASOTA, FL 34240 US

Title: TD (X) Change () Addition
Name: MOORE, LORRAINE J
Address: 848 ALDERWOOD WAY
City-St-Zip: SARASOTA, FL 34243 US

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: LORRAINE J MOORE

TD

06/30/2004

Electronic Signature of Signing Officer or Director

Date