

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90051 016 ***150.00

DOCUMENT # 324732

1. Entity Name

DEMETREE INSURANCE SERVICES, INC.



Principal Place of Business

3730 BEACH BLVD
PO BOX 5788
JACKSONVILLE FL 32247-5788

Mailing Address

3730 BEACH BLVD
PO BOX 5788
JACKSONVILLE FL 32247-5788

2. Principal Place of Business

3740 Beach Blvd

Suite, Apt. #, etc. Suite 102

3. Mailing Address

3740 Beach Blvd

Suite, Apt. #, etc. Suite 102

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip 32207

Country Duval

Zip 32207

Country Duval

4. FEI Number

59-1199205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYON, JONATHAN R.
3730 BEACH BLVD.
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3740 Beach Blvd Suite 102

City

Jacksonville

FL

Zip Code 32207

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 Jonathan R. Lyon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/3/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete
NAME BENWICK, BRIAN
STREET ADDRESS 9455 LITA RD., W.
CITY-ST-ZIP JACKSONVILLE FL

TITLE STD ☐ Delete
NAME DEMETREE, JACK C
STREET ADDRESS 3918 ALHAMBRA DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE PD ☐ Delete
NAME LYON, JONATHAN R.
STREET ADDRESS 1837 SEA OATS DR.
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE V ☐ Delete
NAME PORTER, SHARON D.
STREET ADDRESS 1066 GLEN ECHO DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04 398-5656
Date Daytime Phone #