


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90035 025 \*\*\*150.00

<b>DOCUMENT # 333830</b>					
1. Entity Name <b>MOBILE AMERICA INSURANCE GROUP, INC.</b>					
Principal Place of Business <b>200 EXECUTIVE WAY SUITE 210 PONTE VEDRA BEACH, FL 32082</b>			Mailing Address <b>P O BOX 17127 JACKSONVILLE, FL 32245-7172</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1218934</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WORTMAN, J. JOHN 200 EXECUTIVE WAY STE. 210 PONTE VEDRA BEACH, FL 32082</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
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 <u>J.</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WORTMAN, J. JOHN</b>		NAME		
STREET ADDRESS	<b>1200 RIVERPLACE BLVD., STE. 902</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GARRITY, J M</b>		NAME		
STREET ADDRESS	<b>10475-110 FORTUNE PARKWAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCCORKLE, THOMAS J.</b>		NAME		
STREET ADDRESS	<b>10475-110 FORTUNE PKWY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL</b>		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CAHOON, ARTHUR</b>		NAME		
STREET ADDRESS	<b>1200 RIVERPLACE BLVD., STE. 902</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMITH, LEE</b>		NAME		
STREET ADDRESS	<b>10450 SAN JOSE BLVD. 3</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>J. John Wortman</u>			1-26-04 (904) 285-1747		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		