2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# 348409

Entity Name: OCALA INSURANCE AGENCY INC

Current Principal Place of Business:

2831 SE 17TH ST
OCALA, FL 32671

New Principal Place of Business:

2831 SE 17TH ST
OCALA, FL 34471

Current Mailing Address:

2831 SE 17TH ST
OCALA, FL 32671

New Mailing Address:

2831 SE 17TH ST
OCALA, FL 34471

FEI Number: 59-1263748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH,F RILEY
2831 SE 17TH ST
OCALA, FL 32671

Name and Address of New Registered Agent:

SMITH,F RILEY
2831 SE 17TH ST
OCALA, FL 34471

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: 01/07/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH,F RILEY,
Address: 2831 SE 17TH ST
City-St-Zip: OCALA, FL

Title: S ( ) Delete
Name: SMITH, NANCY,
Address: 2831 SE 17TH ST
City-St-Zip: OCALA, FL

Title: VD ( ) Delete
Name: SMITH, PAUL R,
Address: 2831 SE 17TH ST
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SMITH,F RILEY,
Address: 2831 SE 17TH ST
City-St-Zip: OCALA, FL 34471

Title: S (X) Change ( ) Addition
Name: SMITH, NANCY,
Address: 2831 SE 17TH ST
City-St-Zip: OCALA, FL 34471

Title: VD (X) Change ( ) Addition
Name: SMITH, PAUL R,
Address: 2831 SE 17TH ST
City-St-Zip: OCALA, FL 34471

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: F RILEY SMITH PD 01/07/2004
Electronic Signature of Signing Officer or Director — Date