

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 352881

FILED
Jul 02, 2004
Secretary of State

Entity Name: MERRILL INSURANCE GROUP, INC.

Current Principal Place of Business:

1209 N DONNELLY ST
P O BOX 67
MOUNT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 67
MT DORA, FL 327560067 US

New Mailing Address:

FEI Number: 59-1279221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERRILL, JON KENT
1209 NORTH DONNELLY STREET
MOUNT DORA, FL 32757 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: ST () Delete
Name: MERRILL, KAREN L
Address: 40317 W 8TH AVE
City-St-Zip: UMATILLA, FL 32784

Title: PD () Delete
Name: MERRILL, JON KENT
Address: 40317 W 8TH AVE PO BOX 753
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MERRILL, JON KENT
Address: 40317 W 8TH AVE PO BOX 753
City-St-Zip: UMATILLA, FL 32784

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: KAREN L. MERRILL

ST

07/02/2004

Electronic Signature of Signing Officer or Director

Date