

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 503792

FILED
May 03, 2004
Secretary of State

Entity Name: INSURE-ALL OF FLORIDA, INC.

Current Principal Place of Business:

1200 WESTON ROAD
3RD FLOOR
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1200 WESTON ROAD
3RD FLOOR
WESTON, FL 33326

New Mailing Address:

FEI Number: 59-1704338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAWSON, PATRICK D.
3502 DERBY LN
WESTON, FL 33331 US

Name and Address of New Registered Agent:

CLAWSON, PATRICK D.
19 BAY HARBOR ROAD
TEQUESTA, FL 33469 US

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:

05/03/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CLAWSON, EARLE H
Address: 12800 SW 33RD DRIVE
City-St-Zip: DAVIE, FL 33330

Title: VPD () Delete
Name: CLAWSON, PATRICK D.,
Address: 3502 DERBY LN
City-St-Zip: WESTON, FL 33331

Title: T (X) Delete
Name: KOONS, SHIRLEY A
Address: 3001 S. OCEAN DR., #8C
City-St-Zip: HOLLYWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: PATRICK CLAWSON

VPD

05/03/2004

Electronic Signature of Signing Officer or Director

Date