

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90050 038 ***150.00

DOCUMENT # 579031

1. Entity Name
INSURADYNE CORP.



Principal Place of Business
755 RINEHART ROAD
P.O. BOX 958402
LAKE MARY, FL 32795-5402

Mailing Address
755 RINEHART ROAD
P.O. BOX 958402
LAKE MARY, FL 32795-5402

94042913



03122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0761784

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILL, STEPHEN M
755 RINEHART RD
LAKE MARY, FL 32746

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C
NAME QUIST, GEORGE R
STREET ADDRESS 4491 WANDER LANE
CITY-ST-ZIP SALT LAKE CITY, UT 84117

TITLE TV
NAME SILL, STEPHEN M
STREET ADDRESS 5300 S. 360 W. - SUITE 200
CITY-ST-ZIP SALT LAKE CITY, UT 84123

TITLE PD
NAME QUIST, SCOTT M
STREET ADDRESS 7 WANDERWOOD WAY
CITY-ST-ZIP SANDY, UT 84092

TITLE D
NAME CRITTENDEN, CHARLES
STREET ADDRESS 2334 FILMORE AVE
CITY-ST-ZIP OGDEN, UT 84401

TITLE D
NAME MOODY, HOWARD C
STREET ADDRESS 1782 E FAUNSDALE DR
CITY-ST-ZIP SANDY, UT 84092

TITLE VSD
NAME QUIST, G. ROBERT
STREET ADDRESS 5300 S. 360 W. - SUITE 200
CITY-ST-ZIP SALT LAKE CITY, UT 84123

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

Diana C. Olson DIANAC. OLSON

3-15-04

(801) 264-1060