2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 582716

FILED Feb 26, 2004 Secretary of State

Entity Name: DAVID HESTER INSURANCE AGENCY, INC. **Current Principal Place of Business: New Principal Place of Business:** 204 N E 3RD AVE OKEECHOBEE, FL 34972 **Current Mailing Address: New Mailing Address:** 204 N E 3RD AVE OKEECHOBEE, FL 34972 FEI Number: 59-1852126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HESTER, DAVID HESTER, DAVID PRES 204 N E 3RD AVE 204 N E 3RD AVE OKEECHOBEE, FL 34972 OKEECHOBEE, FL 34972 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: DAVID HESTER 02/26/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HESTER, JUDY, Name: Name: 204 N E 3RD AVE Address: Address: City-St-Zip: OKEECHOBEE, FL 00000, City-St-Zip: () Delete Title: PD Title: () Change () Addition Name: HESTER, DAVID. Name: 204 N E 3RD AVE Address: Address: OKEECHOBEE, FL 00000, City-St-Zip: 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: DAVID HESTER PRES 02/26/2004