## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 613723** 

Entity Name: LOSSING INSURANCE AGENCY, INC.

FILED Mar 01, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace of Business:	New Principal Place of Business:

1724 SE 17TH AVE OCALA, FL 34471 US

Current Mailing Address: New Mailing Address:

1724 SE 17TH AVE OCALA, FL 34471 US

FEI Number: 59-1893218 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:

LOSSING, GERALD D. JR. 2108 S.E. 8TH STREET OCALA, FL 32671

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PSD () Delete

 Name:
 LOSSING, GERALD D.,, JR.

 Address:
 2108 S.E. 8TH STREET

City-St-Zip: OCALA, FL

Title: VTD ( ) Delete
Name: LOSSING, STEPHEN B.,

Address: 1414 SE 8TH ST
City-St-Zip: OCALA, FL

Title: PSD (X) Change () Addition
Name: LOSSING, GERALD D.,, JR.
Address: 2108 S.E. 8TH STREET
City-St-Zip: OCALA, FL 34471 US

Title: VTD (X) Change ( ) Addition

Name: LOSSING, STEPHEN B., Address: 1414 SE 8TH ST City-St-Zip: OCALA, FL 34471 US

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: GERALD DAVID LOSSING, JR

Electronic Signature of Signing Officer or Director

PRES

03/01/2004