2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 678172

FILED Feb 09, 2004 Secretary of State

Entity Name: MACDUFF UNDERWRITERS, INC.				
Current Principal Place of Business:			New Princ	ipal Place of Business:
P.O. BOX 2	GEWOOD AVE 2427 BEACH, FL 3			
Current Mailing Address:			New Maili	ng Address:
-			IVEW Main	ng Address.
P. O. BOX TAMPA, FL				
FEI Number: 59-2022132 FEI Number Applied For () FEI Number			Number Not Appl	icable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
401 E. JAC STE 1700	LAUREL L. KSON ST. . 33602 US			
The above in the State	named entity s of Florida.	ubmits this statement for the purpos	se of changing i	ts registered office or registered agent, or both,
SIGNATURE:				
Electronic Signature of Registered Agent Date				
Election Cam	paign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	SDVP () GRAMMIG, LAU 401 E. JACKSO TAMPA, FL 336	N ST. STE 1700	Title: Name: Address: City-St-Zip:	SVP (X) Change () Addition GRAMMIG, LAUREL L 401 E. JACKSON ST. STE 1700 TAMPA, FL 33602
Title: Name: Address: City-St-Zip:	C () BROWN, J. HYA 220 S. RIDGEW DAYTONA BEAC	OOD AVENUE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition JOHNSON, TINA 220 S. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114
Title: Name: Address: City-St-Zip:	T () WALKER, COR` 220 S. RIDGEW DAYTONA BEAC	OOD AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	P () SANDERS, BRY 220 S RIDGEWO DAYTONA BEAC	OOD AVE	Title: Name: Address: City-St-Zip:	P (X) Change () Addition LOWE, MARK 220 S RIDGEWOOD AVE DAYTONA BEACH, FL 32114
Title: Name: Address: City-St-Zip:	RILEY, THOMAS	WS AVE., STE. 620	Title: Name: Address: City-St-Zip:	DVP (X) Change () Addition RILEY, THOMAS 5900 N. ANDREWS AVE., STE. 620 FT. LAUDERDALE, FL 33309
Title: Name: Address: City-St-Zip:	DONEGAN, JR.,	N ST., STE. 1700	Title: Name: Address: City-St-Zip:	() Change () Addition

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: LAUREL L. GRAMMIG **VPS** 02/09/2004