

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706068

FILED  
Apr 22, 2004  
Secretary of State

**Entity Name:** INDEPENDENT INSURANCE AGENTS OF GREATER TAMPA, INC.

**Current Principal Place of Business:**

P.O. BOX 1327  
RIVERVIEW, FL 33568 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1327  
RIVERVIEW, FL 33568 US

**New Mailing Address:**

**FEI Number:** 59-6139291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, ALICE  
12522 DAWN VISTA DRIVE  
RIVERVIEW, FL 33569 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: CASSETTA, CHUCK  
Address: 4600 W CYPRESS ST STE 200  
City-St-Zip: TAMPA, FL 33623

Title: PD ( ) Delete  
Name: PEERY, HERMAN  
Address: 4830 WEST KENNEDY BLVD. STE. 655  
City-St-Zip: TAMPA, FL 33609

Title: PED ( ) Delete  
Name: CASSETTA, CHUCK  
Address: 4600 WEST CYPRESS STREET STE 200  
City-St-Zip: TAMPA, FL 33607

Title: TD ( ) Delete  
Name: BRITTAIN, GREG  
Address: 4600 W CYPRESS ST STE 330  
City-St-Zip: TAMPA, FL 33623

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE D. MILLER

OD

04/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date