
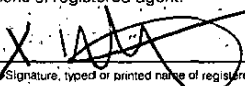
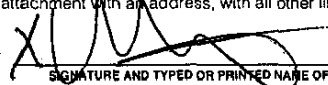


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90045 041 ****61.25

DOCUMENT # 768830			
1. Entity Name INDEPENDENT INSURANCE AGENTS OF TALLAHASSEE, INC.			
Principal Place of Business 1401 MACLAY COMMERCE DRIVE TALLAHASSEE, FL 32312-3908 US		Mailing Address 1401 MACLAY COMMERCE DRIVE TALLAHASSEE, FL 32312-3908 US	
2. Principal Place of Business 719 EAST PARK AVE Suite, Apt. #, etc.		3. Mailing Address 719 EAST PARK AVE Suite, Apt. #, etc.	
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL	
Zip 32301	Country US	Zip 32301	Country US
6. Name and Address of Current Registered Agent EACKER, JEFFREY D 1401 MACLAY COMMERCE DRIVE TALLAHASSEE, FL 32312-3908		7. Name and Address of New Registered Agent Name HURT SPITZER Street Address (P.O. Box Number is Not Acceptable) 719 EAST PARK AVENUE City TALLAHASSEE FL Zip Code 32301	
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:  KURT SPITZER Executive Director Date: 1/19/04			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MCRAE, HERB 1401 MACLAY COMMERCE DR. TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED KURT SPITZER 719 EAST PARK AVENUE TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSER, WILL 2121 KILLARNEY WAY, STE A TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID NEWELL 2400 MAHAN DRIVE TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTHSTROM, SCOTT 1113 E. TENNESSEE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUNTER, BART 1117 THOMASVILLE RD TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOANNE SMALL 7 HICKORY AVENUE CRAWFORDVILLE, FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOTT, JEFF 1500 MAHAN DR TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VAN MADSEN 2400 MAHAN DRIVE TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE SMALL, JOANNE 1117 THOMASVILLE RD TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE JEFF MOTT 240 N. MAGNOLIA DR TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 617, 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:  KURT SPITZER		Date: 1/19/04 Daytime Phone #: 850-561-0904	