

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000006157

1. Entity Name

VANGUARD AMERICA INSURANCE MARKETING CO.



Principal Place of Business

401 HARRISON OAKS BLVD., SUITE 210
CARY NC 27513

Mailing Address

401 HARRISON OAKS BLVD., SUITE 210
CARY NC 27513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1132090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, PAUL
4738 OLD FARM ROAD
SARASOTA FL 34223

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> Delete
NAME	CREEDEY, ALAN D	
STREET ADDRESS	401 HARRISON OAKS BLVD., SUITE 210	
CITY- ST- ZIP	CARY NC 27513	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	MCCRAY, SCOTT R	
STREET ADDRESS	401 HARRISON OAKS BLVD., SUITE 210	
CITY- ST- ZIP	CARY NC 27513	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	TOALE, DAVID V	
STREET ADDRESS	401 HARRISON OAKS BLVD., SUITE 210	
CITY- ST- ZIP	CARY NC 27513	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	WHITE, PAUL E	
STREET ADDRESS	401 HARRISON OAKS BLVD., SUITE 210	
CITY- ST- ZIP	CARY NC 27513	
TITLE	STDS	<input type="checkbox"/> Delete
NAME	WILL, JAMES H	
STREET ADDRESS	401 HARRISON OAKS BLVD., SUITE 210	
CITY- ST- ZIP	CARY NC 27513	
TITLE	S	<input type="checkbox"/> Delete
NAME	WYNNE, ROBERT W	
STREET ADDRESS	401 HARRISON OAKS BLVD., SUITE 210	
CITY- ST- ZIP	CARY NC 27513	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04 919 678-8393
Date Daytime Phone #