

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90240 031 \*\*\*150.00

**DOCUMENT # F03000004922**

1. Entity Name  
**OF INSURANCE AGENCY, INC.**



Principal Place of Business  
**27777 FRANKLIN ROAD, SUITE 1700  
SOUTHFIELD, MI 48034**

Mailing Address  
**27777 FRANKLIN ROAD, SUITE 1700  
SOUTHFIELD, MI 48034**

**94074972**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**20-0207463**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHERER, PETER	
STREET ADDRESS	27777 FRANKLIN ROAD, SUITE 1700	
CITY-ST-ZIP	SOUTHFIELD, MI 48034	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	IANNOTTI, DANIEL	
STREET ADDRESS	27777 FRANKLIN ROAD, SUITE 1700	
CITY-ST-ZIP	SOUTHFIELD, MI 48034	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KLEIN, RON	
STREET ADDRESS	27777 FRANKLIN ROAD, SUITE 1700	
CITY-ST-ZIP	SOUTHFIELD, MI 48034	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	KLEIN, RON	
STREET ADDRESS	27777 FRANKLIN ROAD, SUITE 1700	
CITY-ST-ZIP	SOUTHFIELD, MI 48034	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	GEATER, ANDY	
STREET ADDRESS	27777 FRANKLIN ROAD, SUITE 1700	
CITY-ST-ZIP	SOUTHFIELD, MI 48034	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOUCKS, JOHN	
STREET ADDRESS	27777 FRANKLIN ROAD, SUITE 1700	
CITY-ST-ZIP	SOUTHFIELD, MI 48034	

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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/21/04 248**