

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F32370

FILED  
Feb 05, 2004  
Secretary of State

Entity Name: FRIENDLY AUTO INSURANCE OF PLANT CITY, INC.

## Current Principal Place of Business:

1401 N WHEELER ST  
PLANT CITY, FL 33566

## New Principal Place of Business:

1401 N WHEELER ST  
PLANT CITY, FL 33563

## Current Mailing Address:

1401 N WHEELER ST  
PLANT CITY, FL 33566

## New Mailing Address:

1401 N WHEELER ST  
PLANT CITY, FL 33563

FEI Number: 59-2087663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH MICHAEL S.  
1401 N. WHEELER ST  
PLANT CITY, FL 33566

## Name and Address of New Registered Agent:

SMITH MICHAEL S.  
1401 N. WHEELER ST  
PLANT CITY, FL 33563

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:

02/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SMITH, MICHAEL S.,  
Address: 1401 N. WHEELER ST.  
City-St-Zip: PLANT CITY, FL 33566

Title: VTD ( ) Delete  
Name: SMITH, ROWENA D  
Address: 632 PENN NATIONAL RD.  
City-St-Zip: SEFFNER, FL 33584

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: MICHAEL S SMITH

PD

02/05/2004

Electronic Signature of Signing Officer or Director

Date