

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F59182**

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



Principal Place of Business  
13101 LINDEN PL. DR.  
SEMINOLE, FL 33776 US

Mailing Address  
13799 PARK BLVD. N.  
PMB #256  
SEMINOLE, FL 33776 US

**DO NOT WRITE IN THIS SPACE**



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2159602**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

ROWAN, JAMES J.  
3839 4TH ST. NORTH  
STE 390  
SAINT PETERSBURG, FL 33703

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IN THIS SPACE**

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GALEA, GEORGE W.  
13101 LINDEN PLACE DR  
SEMINOLE, FL 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TERRIO, ANN  
10973 108 ST.  
LARGO, FL 33778

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
GALEA, MARY L  
13101 LINDEN PLACE DR  
SEMINOLE, FL 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

*Mary L. Galea* (MARY L. GALEA)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/28/04 727-517-8600*  
Date Daytime Phone #