

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F91260

1. Entity Name
GROUP INSURANCE, INC.



Principal Place of Business

**313 FLETCHER AVE.
TAMPA, FL 33615**

Mailing Address

**313 FLETCHER AVE.
TAMPA, FL 33615**



04272004

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DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2212429

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75

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6. Name and Address of Current Registered Agent

**MICHAEL ADCOCK
313 FLETCHER AVE.
TAMPA, FL 33612**

**DO NOT WRITE
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

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000000141418
04/30/04-80010-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ADCOCK, MICHAEL
STREET ADDRESS	131 W. FLETCHER AVENUE
CITY- ST- ZIP	TAMPA, FL 33612
TITLE	DS
NAME	ADCOCK, DOROTHY N
STREET ADDRESS	16104 SONSOLE DE AVILA
CITY- ST- ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

(813) 935-8795

Daytime Phone #