

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90008 017 \*\*\*150.00

**DOCUMENT # F93000005669**

1. Entity Name  
**ALL MOTORISTS INSURANCE AGENCY, INC.**



Principal Place of Business  
**5230 LAS VIRGENES RD  
CALABASAS, CA 91302**

Mailing Address  
**5230 LAS VIRGENES ROAD SUITE 100  
CALABASAS, CA 91302**

**54005985**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01272004 Chg-P CR2E034 (10/03)

4. FEI Number  
**95-2103043**

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

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

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

TITLE PDC ☐ Delete  
NAME EHRlich, ROBERT M.  
STREET ADDRESS 5230 LAS VIRGENES RD SUITE 100  
CITY-ST-ZIP CALABASAS, CA 91302

TITLE D ☒ Delete  
NAME EHRlich, ELAINE  
STREET ADDRESS 5230 LAS VIRGENES ROAD SUITE  
CITY-ST-ZIP CALABASAS, CA 91302

TITLE VD ☐ Delete  
NAME MALLUT, DANIEL  
STREET ADDRESS 5230 LAS VIRGENES ROAD STE 100  
CITY-ST-ZIP CALABASAS, CA 91302

TITLE SD ☐ Delete  
NAME KUSHNER, MARLEEN F  
STREET ADDRESS 5230 LAS VIRGENES RD STE 100  
CITY-ST-ZIP CALABASAS, CA 91302

TITLE TD ☐ Delete  
NAME BRENTS, PATSY A  
STREET ADDRESS 5230 LAS VIRGENES RD, STE 100  
CITY-ST-ZIP CALABASAS, CA 91302

TITLE D ☐ Delete  
NAME EHRlich, LAUREL  
STREET ADDRESS 5230 LAS VIRGENES RD, STE 100  
CITY-ST-ZIP CALABASAS, CA 91302

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME EHRlich, ELAINE  
STREET ADDRESS 5230 Las Virgenes Road, Ste. 100  
CITY-ST-ZIP Calabasas, Ca 91302

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Marleen Kushner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marleen Kushner

2/09/04

(818)880-9070

Date

Daytime Phone #