

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90053 038 ***150.00

DOCUMENT # F94000001285

1. Entity Name
ARISTAR AGENCY, INC.



Principal Place of Business
**HIDDEN RIVER CORPORATE PARK
8900 GRAND OAK CIRCLE
TAMPA, FL 33637-1050**

Mailing Address
**HIDDEN RIVER CORPORATE PARK
8900 GRAND OAK CIRCLE
TAMPA, FL 33637-1050**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004

Chg-P

CR2E034 (10/03)

4. FEI Number
51-0098547

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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 **1VPS** ☒ Delete
NAME **ROSE TRACY, DEBORAH**
STREET ADDRESS **8900 GRAND OAK CIRCLE**
CITY-ST-ZIP **TAMPA, FL 33637**

TITLE **FVPS** ☐ Change ☒ Addition
NAME **Jerry T. Burditt**
STREET ADDRESS **8000 Grand Oak Circle**
CITY-ST-ZIP **Tampa, FL 33637**

TITLE **SVP** ☐ Delete
NAME **GODDARD, RICHARD E ELVIS**
STREET ADDRESS **8900 GRAND OAK CIRCLE**
CITY-ST-ZIP **TAMPA, FL 33637**

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

TITLE **P** ☐ Delete
NAME **GILBERT, DANIEL J**
STREET ADDRESS **8900 GRAND OAK CIRCLE**
CITY-ST-ZIP **TAMPA, FL 33637**

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

TITLE **AS** ☐ Delete
NAME **THURSTON, BEVERLY**
STREET ADDRESS **8900 GRAND OAK CIRCLE**
CITY-ST-ZIP **TAMPA, FL**

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

TITLE **SVP** ☒ Delete
NAME **BOUCHER, PATRICIA**
STREET ADDRESS **8900 GRAND OAK CIRCLE**
CITY-ST-ZIP **TAMPA, FL 33637**

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

TITLE ☐ Delete
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: *Beverly Thurston*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverly Thurston

1/16/04

813-632-4555

Date

Daytime Phone #