

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90085 045 ***150.00

DOCUMENT # F96000002244

1. Entity Name
FIRST INSURANCE AGENCY, INC.



Principal Place of Business
**307 W 7TH STREET
FORT WORTH, TX 76113**

Mailing Address
**300 ST PAUL PLACE
BSPD10D
BALTIMORE, MD 21202**

94029356



02272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-0602178

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**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 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
PD
NAME
AGNELLO, RICHARD C
STREET ADDRESS
307 W 7TH STREET
CITY-ST-ZIP
FORT WORTH, TX 76113

TITLE
D
NAME
NEAVES, DAVID R
STREET ADDRESS
307 W 7TH STREET
CITY-ST-ZIP
FORT WORTH, TX 76113

TITLE
D
NAME
DAHLBERG, PETER B
STREET ADDRESS
307 W 7TH STREET
CITY-ST-ZIP
FORT WORTH, TX 76113

TITLE
S
NAME
HATCH, JOHN D
STREET ADDRESS
307 W 7TH STREET
CITY-ST-ZIP
FORT WORTH, TX 76113

TITLE
T
NAME
LARKIN, PAULA D
STREET ADDRESS
307 W 7TH STREET
CITY-ST-ZIP
FORT WORTH, TX 76113

TITLE
MS
NAME
JONES, JOHN I
STREET ADDRESS
300 ST. PAUL PLACE
CITY-ST-ZIP
BALTIMORE, MD 21202

**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

John I. Jones 3/3/04 (410) 332-3000

Date

Daytime Phone #