

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90001 035 \*\*\*550.00

**DOCUMENT # F98000000615**

1. Entity Name  
**BOMBARDIER CAPITAL INSURANCE AGENCY INC.**



Principal Place of Business  
**12735 GRAN BAY PKWY., WEST  
STE 1000  
JACKSONVILLE, FL 32258**

Mailing Address  
**12735 GRAN BAY PKWY., WEST  
STE 1000  
JACKSONVILLE, FL 32258**

**54064216**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06222004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-3470211**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

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 \$550.00  
Due by September 8, 2004**

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 **DGVP** ☐ Delete  
NAME **DROPPS, ANA M**  
STREET ADDRESS **12735 GRAN BAY PKWY. WEST, STE 1000**  
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

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

TITLE **S** ☒ Delete  
NAME **HOWARD III, LAURENCE W**  
STREET ADDRESS **12850 GRAN BAY PARKWAY W**  
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **Vice President, Legal Services** ☐ Change ☒ Addition  
NAME **Secretary and Director**  
STREET ADDRESS **George N. Demas**  
CITY-ST-ZIP **261 Mountain View Drive, Colchester VT 05446**

TITLE **T** ☒ Delete  
NAME **BOUCHER, MARK**  
STREET ADDRESS **261 MOUNTAIN VIEW DR**  
CITY-ST-ZIP **COLCHESTER, VT 05446**

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Ann G. Hill**  
STREET ADDRESS **12735 Gran Bay Pkwy, West, Suite 1000**  
CITY-ST-ZIP **Jacksonville, FL 32258**

TITLE **AS** ☒ Delete  
NAME **CARNEY, VAUGHN A**  
STREET ADDRESS **261 MOUNTAIN VIEW DR**  
CITY-ST-ZIP **COLCHESTER, VT 05446**

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

TITLE **VD** ☐ Delete  
NAME **PETERS, BRIAN**  
STREET ADDRESS **12850 GRAN BAY PKWY W, BLDG 100**  
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **President and Director** ☒ Change ☐ Addition  
NAME **Brian F. Peters**  
STREET ADDRESS **12735 Gran Bay Pkwy, West, Suite 1000**  
CITY-ST-ZIP **Jacksonville, FL 32258**

TITLE **AT** ☒ Delete  
NAME **HILL, ANN G**  
STREET ADDRESS **12735 GRAN BAY PKWY. WEST, STE 1000**  
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

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: **George N. Demas**  
**VP, Legal Services and Secretary** 6/30/04 802-654-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Attachment*

*54064216*  
*# F98000000615*



July 20, 2004

Florida Department of State  
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

**BOMBARDIER  
CAPITAL**

**Bombardier Capital Inc.**  
12735 Gran Bay Parkway West, Suite 1000  
Jacksonville, FL 32258 United States  
Telephone 1(888) 649-6351, 1(904) 288-1000  
Fax 1(904) 288-1255  
<http://www.capital.bombardier.com>

**Re: Bombardier Capital Insurance Agency Inc. - #F98000000615**  
**2004 For Profit Corporation Uniform Business Report**

Dear Sir or Madam:

Enclosed for filing on behalf of the above-named corporation is the 2004 For Profit Corporation Uniform Business Report (the "Annual Report"), along with check no. 0010093618 in the amount of \$150.00 in payment of the filing fee.

Also enclosed is a copy of the Annual Report. Please be so kind as to date-stamp this copy of the Annual Report and return it to my attention at the above address.

Thank you for your assistance in this matter. Please feel free to contact me at (904) 288-2004 should you have any questions or require any additional information.

Very truly yours,



*for* Anne E. Holman  
Corporate Paralegal  
**Bombardier Capital Inc.**

/aeh

Enclosures

Via UPS 2<sup>nd</sup> Day Air # 1ZX6W9720296315121