



2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90008 047 ***150.00

DOCUMENT # G08749 1. Entity Name SCALISE-TOWNSEND INSURANCE ASSOCIATES, INC.					
Principal Place of Business 531 SOMERSET DRIVE AUBURDALE FL 33823-9512 US				Mailing Address 531 SOMERSET DRIVE AUBURDALE FL 33823-9512 US	
2. Principal Place of Business 1084 Bloomsbury Run Suite, Apt. #, etc.		3. Mailing Address 1084 Bloomsbury Run Suite, Apt. #, etc.			
City & State Heathrow, FL Zip 32746 Country USA		City & State Heathrow, FL Zip 32746 Country USA		4. FEI Number 59-2237317 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				 MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent THOMAS SCALISE 531 SOMERSET DRIVE AUBURDALE FL 33823					
7. Name and Address of New Registered Agent Name Thomas Scalise Street Address (P.O. Box Number is Not Acceptable) 1084 Bloomsbury Run City Heathrow FL Zip Code 32746				8. The above named entity submits this statement for the purpose of <u>changing its registered office</u> or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Thomas Scalise</i></u> DATE <u>2/26/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCALISE, MARY JEAN 531 SOMMERSET DRIVE AUBURDALE FL 33823	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCALISE, THOMAS 531 SOMERSET DR. AUBURDALE FL 33823	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Thomas Scalise</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/26/04</u> <u>407 998-4112</u> <small>Date Daytime Phone #</small>		