## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G14541

FILED Apr 29, 2004 Secretary of State

Entity Name: PARLIN INSURANCE AGENCY OF NAPLES, INC.

Current Principal Place of Business:		ace of Business:	New Principal Place of Business:	
2400 TAM SUITE 401	IAMI TRAIL	NO		
	FL 34103	US		
Current M	lailing Add	ress:	New Mailing Addres	s:
6 DIANNA O BOX 9	A DEE PARI 9289	LIN		
IAPLES, I	FL 33941	US		
El Number	: 59-2237813	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	l Address o	of Current Registered Agent:	Name and Address of	of New Registered Agent:
	DIANNA DEI IAMI TRL	Ξ		
STE 401	FL 34103			
STE 401 NAPLES, I The above		ity submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
STE 401 NAPLES, I The above	named ent e of Florida. RE:			d office or registered agent, or both,
TE 401  APLES, I  he above  the State	named ent e of Florida. RE:	ity submits this statement for the		od office or registered agent, or both,
STE 401 NAPLES, I The above In the State	named ent e of Florida. RE: Elect			
TE 401  NAPLES, I  The above  The State  SIGNATUI  SIECTION Cal	named ent e of Florida. RE: Elect	cronic Signature of Registered Accing Trust Fund Contribution ( ).	gent	
TE 401  NAPLES, I  The above  The State  SIGNATUI  SIECTION Cal	named ent e of Florida. RE: Elect mpaign Finan	cronic Signature of Registered Agcing Trust Fund Contribution ( ).  ECTORS:  ( ) Delete DGER M, COURT	gent	Date
STE 401 NAPLES, I The above In the State SIGNATUI SIECTION Car DFFICER: Ittle: Idame: Iddress:	e named ent e of Florida. RE:Elect mpaign Finan S AND DIR D PARLIN, RG 4265 UTE C	cronic Signature of Registered Ageing Trust Fund Contribution ( ).  ECTORS:  ( ) Delete  OGER M, COURT  L  ( ) Delete  ANNA DEE, COURT	gent  ADDITIONS/CHANG  Title:  Name:  Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEE PARLIN DP 04/29/2004