


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # G30298
 1. Entity Name
ZOT INSURANCE AGENCY, INC.



Principal Place of Business 10344 SW 26 ST DAVIE, FL 33324	Mailing Address 10344 SW 26 ST DAVIE, FL 33324
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01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2285060	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 PHILLIPS, WILLIAM J.
 10344 SW 26TH ST
 DAVIE, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

00000036217
 02/06/04-80050-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD PHILLIPS, WILLIAM J 10344 SW 26TH ST DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PHILLIPS, DANIA H 10344 SW 26TH ST DAVIE, FL 33324
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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: William J. Phillips **WILLIAM J. PHILLIPS** 1/27/04 (954) 424-7324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #