

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G33667

FILED
Apr 01, 2004
Secretary of State

Entity Name: JIM WOLFFBRANDT INSURANCE AGENCY, INC.

Current Principal Place of Business:

% C. JAMES WOLFFBRANDT
1130 W. GRANADA BLVD.
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

% C. JAMES WOLFFBRANDT
1130 W. GRANADA BLVD
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-2286848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFFBRANDT, C. JAMES
1130 W. GRANADA BLVD.
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOLFFBRANDT, C. JAME, S
Address: 1130 W. GRANAD BLVD.
City-St-Zip: ORMOND, FL

Title: VP () Delete
Name: WOLFBRANDT, MARILYN, K.
Address: 1130 W. GRANADA BLVD.
City-St-Zip: ORMOND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JIM WOLFFBRANDT

P

04/01/2004

Electronic Signature of Signing Officer or Director

_____ Date