2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# G71502

Entity Name: BURTON & CHILDRESS INSURANCE, INC.

Current Principal Place of Business:

10225 ULMERTON RD #7-A
P.O. BOX 138
LARGO, FL 33779 US

New Principal Place of Business:

1695 PINELLAS BAYWAY SO.
UNIT A-1
TIERRA VERDE, FL 33715 US

Current Mailing Address:

10225 ULMERTON RD #7-A
P.O. BOX 138
LARGO, FL 33779 US

New Mailing Address:

1695 PINELLAS BAYWAY SO.
UNIT A-1
TIERRA VERDE, FL 33715

FEI Number: 59-2344744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHILDRESS, ROBERT D.
10225 ULMERTON RD SE #7-A
LARGO, FL 33771 US

Name and Address of New Registered Agent:

CHILDRESS, ROBERT D DPT.
1695 PINELLAS BAYWAY SO.
UNIT A-1
TIERRA VERDE, FL 33715 US

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: ROBERT D. CHILDRESS 04/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: CHILDRESS, ROBERT D.
Address: 1695 PINELLAS BAYWAY, UNIT 1-A
City-St-Zip: TIERRA VERDE, FL 33715

Title: DVS ( ) Delete
Name: CHILDRESS, ROBERT E.
Address: 8701 MERRIMORE BLVD E.
City-St-Zip: LARGO, FL 33777

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: ROBERT D. CHILDRESS DPT 04/30/2004
Electronic Signature of Signing Officer or Director Date