2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004
Secretary of State

DOCUMENT# G72864

Entity Name: SUWANNEE INSURANCE AGENCY, INC.

Current Principal Place of Business:

937 N. OHIO AVENUE
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

937 N. OHIO AVENUE
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 59-2347242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, STEVEN W., CPA
325 S. OHIO AVENUE
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

COLLINS, STEVEN W., CPA
325 S. OHIO AVENUE
LIVE OAK, FL 32064 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: _____ 03/16/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: STEPHENS, CHARLES M.
Address: 6817 CR 249
City-St-Zip: LIVE OAK, FL

Title: PDC ( ) Delete
Name: CANNON, WILLIAM T
Address: 6823 C.R. 249
City-St-Zip: LIVE OAK, FL

Title: SD ( ) Delete
Name: STEPHENS, LISA M
Address: 6817 CR 249
City-St-Zip: LIVE OAK, FL

Title: TD ( ) Delete
Name: CANNON, CHARLOTTE P
Address: 6823 C.R. - 249
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: STEPHENS, CHARLES M.
Address: 6817 CR 249
City-St-Zip: LIVE OAK, FL 32060

Title: PDC (X) Change ( ) Addition
Name: CANNON, WILLIAM T
Address: 6823 C.R. 249
City-St-Zip: LIVE OAK, FL 32060

Title: SD (X) Change ( ) Addition
Name: STEPHENS, LISA M
Address: 6817 CR 249
City-St-Zip: LIVE OAK, FL 32060

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: CHARLES M. STEPHENS VD 03/16/2004
Electronic Signature of Signing Officer or Director — Date