

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H14808

FILED
Apr 02, 2004
Secretary of State

Entity Name: FETTROW INSURANCE, INC.

Current Principal Place of Business:

9774 GLADES RD A-7
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

9774 GLADES RD A-7
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 59-2425095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FETTROW, LYNN
9774 GLADES RD A-7
BOCA RATON, FL 33434

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: PD () Delete
Name: FETTROW, LYNN W.,
Address: 9774 GLADES RD A7
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FETTROW, LYNN W.,
Address: 9774 GLADES RD A7
City-St-Zip: BOCA RATON, FL 33434

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: LYNN FETTROW

PRES

04/02/2004

Electronic Signature of Signing Officer or Director

Date