2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004
Secretary of State

DOCUMENT# H46570

Entity Name: MARSH POINTE INSURANCE, INC.

Current Principal Place of Business:

11 S., 7TH ST
FERNANDINA BCH, FL 32035 US

New Principal Place of Business:

11 S., 7TH ST
FERNANDINA BCH, FL 32034 US

Current Mailing Address:

11 S., 7TH ST
FERNANDINA BCH, FL 32035 US

New Mailing Address:

11 S., 7TH ST
FERNANDINA BCH, FL 32034 US

FEI Number: 59-2504143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACKWELDER, LYNETTE B.
11 SOUTH 7TH STREET
FERNANDINA BEACH, FL 32034 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: BLACKWELDER, LYNETTE,
Address: 11 S., 7TH ST
City-St-Zip: FERNANDINA BCH, FL 32035 US

Title: ST ( ) Delete
Name: NELSON, ALBERT
Address: 11 S., 7TH ST
City-St-Zip: FERNANDINA BCH, FL 32035 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BLACKWELDER, LYNETTE,
Address: 11 S., 7TH ST
City-St-Zip: FERNANDINA BCH, FL 32034 US

Title: ST (X) Change ( ) Addition
Name: NELSON, ALBERT
Address: 11 S., 7TH ST
City-St-Zip: FERNANDINA BCH, FL 32034 US

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: BLACKWELDER, LYNETTE P 07/15/2004

Electronic Signature of Signing Officer or Director Date