


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H92180</b> 1. Entity Name <b>A ABILITY COVER ALL INSURANCE AGENCY, INC.</b>	
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Principal Place of Business <b>3354 DAVIS MACAULAY PLACE MELBOURNE, FL 32934 US</b>	Mailing Address <b>3354 DAVIS MACAULAY PLACE MELBOURNE, FL 32934 US</b>
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**DO NOT WRITE IN THIS SPACE**



01252004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2619905</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MORIARTY, PATRICK J.  
3354 DAVIS MACAULAY PLACE  
MELBOURNE, FL 32934**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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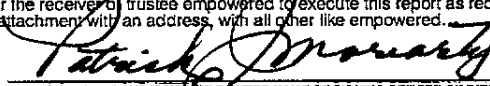
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP MORIARTY, PATRICK J. 3354 DAVIS MACAULAY PL MELBOURNE, FL 32934</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP MORIARTY, MAUREEN A. 3354 DAVIS MACAULAY PL MELBOURNE, FL 32934</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T RAMAGE, KERRY M 4130 SAN YSIDRO WAY ROCKLEDGE, FL 32955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FERRICK, PATRICIA 8800 OLD KEENE MILL ROAD SPRINGFIELD, VA 22152</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/04-80018-023 158.75

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **JAN 26, 2004 321-757-8406**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #