

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H92233

Entity Name: N C INSURANCE, INC.

FILED
Apr 27, 2004
Secretary of State

Current Principal Place of Business:

14150 6TH ST
P O BOX 1047
DADE CITY, FL 33524 US

New Principal Place of Business:

8645 HANDCART RD
ZEPHYRHILLS, FL 33544 US

Current Mailing Address:

14150 6TH ST
PO BOX 1047
DADE CITY, FL 335261047 US

New Mailing Address:

8645 HANDCART RD
ZEPHYRHILLS, FL 33544 US

FEI Number: 59-2624859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMNER, ROBERT D.
14150 6TH ST
DADE CITY, FL 33525 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: VD () Delete
Name: NEUKOM, GEORGE A., J, R.
Address: 38440 5TH AVE
City-St-Zip: ZEPHYRHILLS, FL

Title: PD () Delete
Name: CHILDERS, JAMES W.,
Address: 8604 HANDCART RD.
City-St-Zip: ZEPHYRHILLS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: CHILDERS, JAMES W.,
Address: 8645 HANDCART RD.
City-St-Zip: ZEPHYRHILLS, FL 33544

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: JAMES W CHILDERS

PD

04/27/2004

Electronic Signature of Signing Officer or Director

_____ Date