


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # J14361		
1. Entity Name CENTRAL FLORIDA COMMERCIAL INSURANCE CORP.		
Principal Place of Business 1330 HAVENDALE BLVD WINTER HAVEN, FL 33881 US	Mailing Address 1330 HAVENDALE BLVD WINTER HAVEN, FL 33881 US	



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2614925	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLACKWELDER, LAWRENCE 1330 HAVENDALE BLVD WINTER HAVEN, FL 33881	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 reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD W3ELLS, LONNE 309 US 27 S LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DUCE, JOHN B. 1330 HAVENDALE BLVD, WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACKWELDER, LAWRENCE 1330 HAVENDALE BLVD. WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000129213
04/26/04-80069-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2004 863-647-5187
Date Daytime Phone #