

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 16, 2004 08:00 AM
Secretary of State**

DOCUMENT # J64303

1. Entity Name
**ALLIED GROUP INSURANCE SERVICES OF FLORIDA,
INC.**



Principal Place of Business
**831 W MORSE
WINTER PARK, FL 32789 US**

Mailing Address
**831 W MORSE BLVD
WINTER PARK, FL 32789 US**

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2782542

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KIRCHNER, MICHAEL J.
1500 ALABAMA
WINTER PARK, FL 32789**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
**CEO
KIRCHNER, MICHAEL J.
1500 ALABAMA
WINTER PARK, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HEAR, ANDRIA
310 PRESSVIEW AVE
LONGWOOD, FL 32750**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000006217
01/16/04-80027-002 150.00

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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: *Michael Kirchner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Kirchner

1/9/04 407-740-5550
Date Daytime Phone #