2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J68150

FILED Apr 26, 2004 Secretary of State

Entity Name: CARLOCK & ASSOCIATES INSURANCE, INC. **Current Principal Place of Business: New Principal Place of Business:** 4640 SE 9TH PL CAPE CORAL, FL 33904 US **Current Mailing Address: New Mailing Address:** 4640 SE 9TH PLACE CAPE CORAL, FL 33904 US FEI Number: 59-2782754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARLOCK, RONALD C 4640 SE 9TH PL CAPE CORAL, FL 33904 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: PSD () Delete CARKLOCK, SANDRA Name: 231 HILLSIDE DR Address: City-St-Zip: KEWAGER, IL

Title: VPTD () Delete Name: CARLOCK, RONALD C 4011 SW 28TH PLACE Address:

CAPE CORAL, FL 33914 City-St-Zip:

Title: () Change () Addition

CARLOCK, SANDRA

231 HILLSIDE DR

KEWAGER, IL

PSD

Name: Address: City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

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.

VΡ SIGNATURE: RONALD CARLOCK 04/26/2004