

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J89665

FILED
Jul 06, 2004
Secretary of State

Entity Name: FIRST INSURANCE NETWORK OF FLORIDA, INC.

Current Principal Place of Business:

2889 ELMWOOD DR.
SMYRNA, GA 30080 US

New Principal Place of Business:

Current Mailing Address:

2889 ELMWOOD DR.
SMYRNA, GA 30080 US

New Mailing Address:

FEI Number: 59-2849661 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBISON, RICHARD L.
5250 S. HIGHWAY 17-92
CASSELBERRY, FL 32707 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: P () Delete
Name: DIAL, WILLIAM A., JR.,
Address: 2889 ELMWOOD DR.
City-St-Zip: SMYRNA, GA

Title: S () Delete
Name: TEFFT, DONALD E.,
Address: 2889 ELMWOOD DR.
City-St-Zip: SMYRNA, GA

Title: V () Delete
Name: JOHNSTON, MARIANNE,
Address: 2889 ELMWOOD DR
City-St-Zip: SMYRNA, GA

Title: T () Delete
Name: YERRAMILI, JAY
Address: 2886 ELMWOOD DRIVE
City-St-Zip: SMYRNA, GA

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIAL, WILLIAM A JR
Address: 2889 ELMWOOD DRIVE
City-St-Zip: SMYRNA, GA 30080

Title: S (X) Change () Addition
Name: TEFFT, DONALD E
Address: 2889 ELMWOOD DRIVE
City-St-Zip: SMYRNA, GA 30080

Title: V (X) Change () Addition
Name: JOHNSON, MARIANNE
Address: 2889 ELMWOOD DRIVE
City-St-Zip: SMYRNA, GA 30080

Title: T (X) Change () Addition
Name: YERRAMILI, JAIRAM
Address: 2886 ELMWOOD DRIVE
City-St-Zip: SMYRNA, GA 30080

Title: V () Change (X) Addition
Name: KLEIN, SHERRI
Address: 2889 ELMWOOD DRIVE
City-St-Zip: SMYRNA, GA 30080

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: JAIRAM YERRAMILI

T

07/06/2004

Electronic Signature of Signing Officer or Director

_____ Date