


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90058 001 ***450.00

DOCUMENT # J91994	
1. Entity Name CFA INSURANCE AGENCY, INC.	

Principal Place of Business 902 CLINT MOORE RD., STE 220 BOCA RATON, FL 33487 US	Mailing Address 902 CLINT MOORE RD., STE 220 BOCA RATON, FL 33487 US
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66413332



2. Principal Place of Business 902 CLINT MOORE RD Suite, Apt. #, etc. 116 City & State BOCA RATON, FL Zip 33487 Country US	3. Mailing Address 902 CLINT MOORE RD Suite, Apt. #, etc. 116 City & State BOCA RATON, FL Zip 33487 Country US
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01062004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0005544	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 BOTTOMS, DAVID N JR 902 CLINT MOORE ROAD SUITE 220 BOCA RATON, FL 33487	7. Name and Address of New Registered Agent Name: DAVID N. BOTTOMS, JR. Street Address (P.O. Box Number is Not Acceptable) 902 CLINT MOORE RD SUITE 116 City: BOCA RATON, FL Zip Code: 33487
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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: *David N. Bottoms, Jr.*
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOTTOMS, DAVID N JR. 902 CLINT MOORE RD. SUITE 220 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID N. BOTTOMS JR. 902 CLINT MOORE RD SUITE 116 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MAHONEY, RITA 902 CLINT MOORE ROAD, SUITE 220 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RITA MAHONEY 902 CLINT MOORE RD SUITE 116 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David N. Bottoms, Jr.* 4/12/04 561-999-5601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #