2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J94857

FILED Jan 18, 2004 Secretary of State

Entity Name: STATE AUTO TAG AND INSURANCE AGENCY OF WEST PALM BEACH, INC.

Current Principal Place of Business: New Principal Place of Business:

713 N. MILITARY TRAIL WEST PALM BEACH, FL 33415

Current Mailing Address: New Mailing Address:

10101 W. SAMPLE ROAD CORAL SPRINGS, FL 33065

FEI Number: 65-0010893 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:

CONLEY, KELLY 10101 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PVST** () Delete Title: **PVST** (X) Change () Addition Name: CONELY, KELLY Name: CONELY, KELLY 10100 N.W. 71 PLACE 5015 NW 66 DRIVE Address: Address:

City-St-Zip: TAMARAC, FL 33321 City-St-Zip: CORAL SPRINGS, FL 33067

Title: Title: () Delete (X) Change () Addition CONELY, KELLY Name: Name: CONELY, KELLY

10100 N.W. 71 PLACE 5015 NW 66 DRIVE Address: Address: TAMARAC, FL 33321 CORAL SPRINGS, FL 33067 City-St-Zip: City-St-Zip:

() Delete (X) Change () Addition Title: Title:

GORTON, KATHRYN GORTON, KATHRYN Name: Name: 7840 HOOD ST 7007NW 40 PLACE Address: Address: City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete Title: (X) Change () Addition

GORTON, SCOTT GORTON, SCOTT Name: Name: Address: 7840 HOOD ST. Address: 10980 SW 27 STREET City-St-Zip: City-St-Zip: HOLLYWOOD, FL 33024 DAVIE, FL 33328

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.

Ρ SIGNATURE: KELLY CONLEY 01/18/2004