

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 15, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # K23794**

1. Entity Name  
**MUTUAL INSURANCE AGENCY OF NW FLORIDA, INC.**

Principal Place of Business  
**2164 CALLE DE CASTELAR  
NAVARRE, FL 32566 US**

Mailing Address  
**P.O. BOX 1418  
P.O. DRAWER 1418  
FT WALTON BEACH, FL 32549 US**



03022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2888894</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**STRUZINSKI, LURA L  
115 FULLMER CIRCLE  
FT WALTON BEACH, FL 32548**

**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 reappointing)

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**

U000000088431  
03/15/04-80050-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROOD, RUSSELL E JR 2164 CALLE DE CASTELAR NAVARRE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST ROOD, CAMILLE 2164 CALLE DE CASTELAR NAVARRE, FL 32566
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
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)(f), 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:** *Russell E Rood Jr. B E Rood Jr* **3-11-04** *2434222*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #