


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90066 047 ***150.00

DOCUMENT # L18295 1. Entity Name TRANS-FLORIDA INSURANCE AGENCY, INC.					
Principal Place of Business 7821 DEERCREEK CLUB ROAD SUITE 101 JACKSONVILLE, FL 32256			Mailing Address 7821 DEERCREEK CLUB ROAD SUITE 101 JACKSONVILLE, FL 32256		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 59-3025211				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 LANDSCHOOT, CARLOTTA 7821 DEERCREEK CLUB ROAD SUITE 101 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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. <input type="checkbox"/>		\$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 LANDSCHOOT, CARLOTTA W 12760 EDENBRIDGE CT JACKSONVILLE, FL 32223 <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	STD HARRIS, MELANIE W 2807 EVERCHARM PLACE JACKSONVILLE, FL 32257 <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	VPD WATSON III, WILLIAM A 12785 CAMELLIA BAY DR W JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD - <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Watson III, William A. 3430 Cormorant Cove Dr. Jacksonville, FL 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WATSON, JANELLE W 2807 EVERCHARM PLACE JACKSONVILLE, FL 32257 <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	D WATSON, JR., WILLIAM A 2807 EVERCHARM PLACE JACKSONVILLE, FL 32257 <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	
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: <u>Carlotta Landschoot</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/8/04</u>		Daytime Phone #: <u>904-596-5902</u>