

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 08, 2004  
Secretary of State**

DOCUMENT# N99000000995

Entity Name: THE FLORIDA SURETY ASSOCIATION, INC.

**Current Principal Place of Business:**

2600 LUCIEN WAY SUITE 130  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

2600 LUCIEN WAY SUITE 130  
MAITLAND, FL 32751

**New Mailing Address:**

FEI Number: 05-1584784      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEARS, JAMES W  
511 N FERNCREEK AVE  
ORLANDO, FL 32803      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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CURRAN, MATTHEW E  
Address: 2600 LUCIEN WAY SUITE 130  
City-St-Zip: MAITLAND, FL 32751

Title: D      ( ) Delete  
Name: MORGAN, MONICA  
Address: 2600 LUCIEN WAY SUITE 130  
City-St-Zip: MAITLAND, FL 32751

Title: DT      ( ) Delete  
Name: FULMER, JACOB  
Address: 1000 LEGION PLACE STE 1100  
City-St-Zip: ORLANDO, FL 32801

Title: D      ( ) Delete  
Name: COOLBAUGH, MARK  
Address: 2600 LUCIEN WAY SUITE 130  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW E. CURRAN

D

01/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date