

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000005905

FILED
Jan 19, 2004
Secretary of State

Entity Name: THE HAGERTY COMPANY, INC.

Current Principal Place of Business:

3749 QUINBY ISLAND COURT
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

3749 QUINBY ISLAND COURT
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3622760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, T. GEOFFREY ESQ
ONE INDEPENDENT DR., STE. 2200
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAGERTY, QUIN J
Address: 3749 QUINBY ISLAND COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: HAGERTY, SUSAN A
Address: 3749 QUINBY ISLAND COURT
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: QUIN J. HAGERTY

PRES

01/19/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date