2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# P00000037834

Entity Name: RICHARD J. MASI INSURANCE AGENCY, INC.

Current Principal Place of Business:

3490 E. LAKE RD.
PALM HARBOR, FL 34685

New Principal Place of Business:

3446 EAST LAKE RD.
SUITE 210
PALM HARBOR, FL 34685

Current Mailing Address:

3490 E. LAKE RD.
PALM HARBOR, FL 34685

New Mailing Address:

3446 EAST LAKE RD.
SUITE 210
PALM HARBOR, FL 34685

FEI Number: 59-3638886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVELACE, WILLIAM K ESQ
401 S. LINCOLN AVE.
CLEARWATER, FL 33756 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: MASI, RICHARD J
Address: 3490 E. LAKE RD.
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MASI, RICHARD J
Address: 3446 EAST LAKE RD. STE 210
City-St-Zip: PALM HARBOR, FL 34685

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: RICHARD J MASI DIRE 01/05/2004

Electronic Signature of Signing Officer or Director — Date