

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000041157

**FILED  
Apr 01, 2004  
Secretary of State**

**Entity Name:** ADRIAN GARRICK INSURANCE GROUP, INC.

**Current Principal Place of Business:**

3206 S CONWAY ROAD  
SUITE 4  
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

3206 S CONWAY ROAD  
SUITE 4  
ORLANDO, FL 32812

**New Mailing Address:**

**FEI Number:** 59-3637020      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GARRICK, ADRIAN  
3206 S CONWAY ROAD  
SUITE 4  
ORLANDO, FL 32812 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: PD ( ) Delete  
Name: GARRICK, ADRIAN  
Address: 4704 EAST MICHIGAN ST.  
City-St-Zip: ORLANDO, FL 32812

Title: SD ( ) Delete  
Name: GARRICK, JOHANNA E  
Address: 4704 EAST MICHIGAN ST.  
City-St-Zip: ORLANDO, FL 32812

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

Title: PD (X) Change ( ) Addition  
Name: GARRICK, ADRIAN  
Address: 3206 S. CONWAY RD STE 4  
City-St-Zip: ORLANDO, FL 32812

Title: SD (X) Change ( ) Addition  
Name: GARRICK, JOHANNA E  
Address: 3206 S. CONWAY RD STE 4  
City-St-Zip: ORLANDO, FL 32812

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: JOHANNA GARRICK

SD

04/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date