2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# P00000078021

Entity Name: ANDY VILLALON JR INSURANCE AGENCY INC.

Current Principal Place of Business:

13 NICHOLAS PARKWAY W. #A
CAPE CORAL, FL 33991

New Principal Place of Business:

1706 EMERALD COVE DR
CAPE CORAL, FL 33991

Current Mailing Address:

13 NICHOLAS PARKWAY W. #A
CAPE CORAL, FL 33991

New Mailing Address:

1706 EMERALD COVE DR
CAPE CORAL, FL 33991

FEI Number: 65-1035065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VILLALON, ANDY
13 NICHOLAS PARKWAY W.
UNIT A
CAPE CORAL, FL 33991

Name and Address of New Registered Agent:

VILLALON, ANDY
1706 EMERALD COVE DR
CAPE CORAL, FL 33991

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: ANDY VILLALON JR 01/07/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VILLALON, ANDY JR.
Address: 13 NICHOLAS PARKWAY W. #A
City-St-Zip: CAPE CORAL, FL 33991

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: VILLALON, ANDY JR.
Address: 1706 EMERALD COVE DR
City-St-Zip: CAPE CORAL, FL 33991

Title: D ( ) Change (X) Addition
Name: VILLALON, DARLA R
Address: 1706 EMERALD COVE DR
City-St-Zip: CAPE CORAL, FL 33991

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: DARLA VILLALON D 01/07/2004
Electronic Signature of Signing Officer or Director Date