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## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000092450 Secretary of State** NATIONAL INSURANCE PARTNERS, INC. Principal Place of Business Mailing Address 809 E BLOOMINGDALE AVE 809 E BLOOMINGDALE AVE #122 #122 BRANDON, FL 33511 BRANDON, FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt # etc. 01062004 Cha-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 59-3679664 Not Applicable Country Zip Country Ziρ \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES, FL 33134 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11, PTSD ☐ Addition ☐ Delate mué TITLE NAME FRYE, KEVIN I NASAF 809 E BLOOMINGDALE AVE #122 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP Delete me Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CRY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition U00000001599 NAME NAME. 01/12/04-80017-004 150.00 STREET ADDRESS STREET ADDRESS CITY -ST - ZIP CITY-ST-ZIP ☐ Delete THE F ☐ Change ☐ Addition TETS F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-782 ☐ Addition Channe ☐ Delete TIBLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete IIILE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachme n address, with all other like empowered. 813-661-2588 SIGNATURE: PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Jan 09, 2004 08:00 AM