

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000094347

1. Entity Name
ACCURATE INSURANCE, INC.



Principal Place of Business
1002 S. US #1
FORT PIERCE, FL 34950

Mailing Address
1002 S. US #1
FORT PIERCE, FL 34950



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3675643

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLWOOD, DIANA M
3327 HATCHER STREET
FT. PIERCE, FL 34981

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IN THIS SPACE**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ELLWOOD, DIANA
STREET ADDRESS 3327 HATCHER STREET
CITY-ST-ZIP FT. PIERCE, FL 34981

TITLE V
NAME CORDARY, GEORGETTE
STREET ADDRESS 1510 CORONADO AVENUE
CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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1000000138924
04/29/04-80100-013 150.00

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IN THIS SPACE**

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 furnished 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 or 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 required, or on an attachment with an address, with all other like empowered

SIGNATURE: Diana Ellwood / DIANA ELLWOOD President 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(772) 465-1778