

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000108697

FILED
Jul 18, 2004
Secretary of State

Entity Name: COVENANT INSURANCE AGENCY, INC.

Current Principal Place of Business:

LETITIA RICKER
1106-I THOMASVILLE ROAD
TALLAHASSEE, FL 32303

New Principal Place of Business:

LETITIA RICKER
1750 MARSTON PLACE
TALLAHASSEE, FL 32308

Current Mailing Address:

1750 MARSTON PLACE
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-3702095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RICKER, LETITIA D
1750 MARSTON PLACE
TALLAHASSEE, FL 32308 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/S/ () Delete
Name: RICKER, LETITIA D
Address: 1750 MARSTON PLACE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LETITIA RICKER

PRES

07/18/2004

Electronic Signature of Signing Officer or Director

Date