2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# P00000114822

Entity Name: CONCORD COMMERCIAL INSURANCE AGENCY, INC.

Current Principal Place of Business:

10050 BURNT STORE RD.
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

10050 BURNT STORE RD.
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-1061462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, ROBERT H
25120 HARBORSIDE BLVD.
PUNTA GORDA, FL 33951 US

Name and Address of New Registered Agent:

WILSON, ROBERT H
25120 HARBORSIDE BLVD.
PUNTA GORDA, FL 33955 US

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: ROBERT H. WILSON 04/06/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILSON, ROBERT A
Address: 10050 BURNT STORE RD.
City-St-Zip: PUNTA GORDA, FL 33950

Title: VT ( ) Delete
Name: WILSON, TYLER O
Address: 10050 BURNT STORE RD.
City-St-Zip: PUNTA GORDA, FL 33950

Title: S (X) Delete
Name: WILSON, PAMELA B
Address: 10050 BURNT STORE RD.
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: WILSON, ROBERT A
Address: 10050 BURNT STORE RD.
City-St-Zip: PUNTA GORDA, FL 33950

Title: VS (X) Change ( ) Addition
Name: WILSON, TYLER O
Address: 10050 BURNT STORE RD.
City-St-Zip: PUNTA GORDA, FL 33950

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: ROBERT H. WILSON PT 04/06/2004
Electronic Signature of Signing Officer or Director Date