

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000104

FILED
Jul 02, 2004
Secretary of State

Entity Name: ARCENTALES INSURANCE, INC.

Current Principal Place of Business:

1468 LEE BLVD.
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

1468 LEE BLVD.
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number: 65-1064674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCENTALES, MICHAEL A
1468 LEE BLVD.
LEHIGH ACRES, FL 33936

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: PO () Delete
Name: ARCENTALES, MIKE
Address: 1468 LEE BLVD
City-St-Zip: LEHIGH ACRES, FL 33936

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: MICHAEL ARCENTALES

PRES

07/02/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date