

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004529

FILED
Jan 05, 2004
Secretary of State

Entity Name: SEAN HALFACRE INSURANCE INC.

Current Principal Place of Business:

591 SOUTH CHICKASAW TRAIL
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

591 SOUTH CHICKASAW TRAIL
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 59-3695414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALFACRE, SEAN
1205 TUCKAWAY DRIVE
ROCKLEDGE, FL 32955 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HALFACRE, SEAN
Address: 1205 TUCKAWAY DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: HALFACRE, KIRSTEN
Address: 1205 TUCKAWAY DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SEAN HALFACRE

D

01/05/2004

Electronic Signature of Signing Officer or Director

Date