
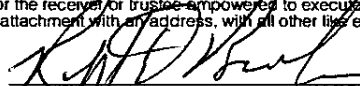


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90013 022 ***150.00

DOCUMENT # P01000020901 1. Entity Name PALM HAVEN INSURANCE AGENCY OF FLORIDA, INC.					
Principal Place of Business 5200 SOUTH PINE ST OCALA, FL 34480			Mailing Address P.O. BOX 311806 NEW BRAUNFELLS, TX 78131-1806		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D KEENER, LARRY H <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	15303 DALLAS PKWY., STE 800		NAME		
STREET ADDRESS	ADDISON, TX 75001		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P GAVIN, RYAN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	15303 DALLAS PKWY., STE 900		NAME		
STREET ADDRESS	ADDISON, TX 75001		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP TACKE, KELLY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	15303 DALLAS PKWY. STE 800		NAME		
STREET ADDRESS	ADDISON, TX 75001		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T KOTYLO, WILLIAM <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	100 NROTHWOODS DR		NAME	KOTYLO, William A.	
STREET ADDRESS	NEW BRAUNFELS, TX 78132		STREET ADDRESS	100 North Woods DR.	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S BROCK, RALPH <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	100 NROTHWOODS DR		NAME	BROCK, RALPH D.	
STREET ADDRESS	NEW BRAUNFELS, TX 78132		STREET ADDRESS	100 North Woods DR.	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 indicated 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 changed, or on an attachment with an address, with all other lines empowered.					
SIGNATURE: 			3/15/04 830-628-6211		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		