2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# P01000042377

Entity Name: VAN LIEROP INSURANCE SERVICES, INC.

Current Principal Place of Business:

2884 CALEDONIA STREET
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

PO BOX 1548
MARIANNA, FL 32447

New Mailing Address:

FEI Number: 59-3713809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAN LIEROP, DWIGHT E
12998 SW CR 275
BLOUNTSTOWN, FL 32424 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: P ( ) Delete
Name: LIEROP, DWIGHT
Address: 12998 SW CR 275
City-St-Zip: BLOUNTSTOWN, FL 32424

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VAN LIEROP, DWIGHT E
Address: 12998 SW CR 275
City-St-Zip: BLOUNTSTOWN, FL 32424

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: DWIGHT E. VAN LIEROP P 04/23/2004

Electronic Signature of Signing Officer or Director — Date