

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90001 022 ***150.00

DOCUMENT # P01000046429

1. Entity Name
DIRECT INSURANCE CORPORATION



Principal Place of Business
**2191-A TAMiami TRAIL
PORT CHARLOTTE, FL 33948**

Mailing Address
**2191-A TAMiami TRAIL
PORT CHARLOTTE, FL 33948**

54056329



03122003 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1114690

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SEPTER, KURT R
2191-A TAMiami TRAIL
PORT CHARLOTTE, FL 33948**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: DP
NAME: SEPTER, KURT R
STREET ADDRESS: 2191 TAMiami TRAIL
CITY-ST-ZIP: PORT CHARLOTTE, FL 33948

TITLE: T.S.
NAME: KURT R. SEPTER
STREET ADDRESS: 2191 TAMiami TRAIL
CITY-ST-ZIP: PORT CHARLOTTE, FL 33948

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

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 to this address, with all other like empowered.

SIGNATURE:

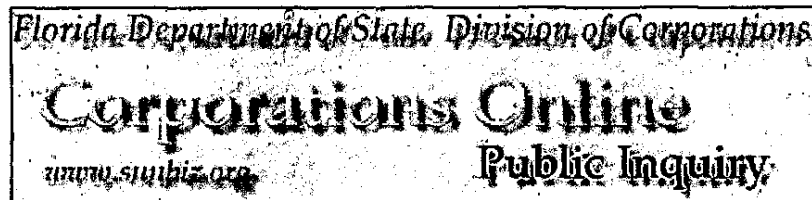
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/04
Date

941-629-9199
Daytime Phone #

P01000046429

54056329



Florida Profit

DIRECT INSURANCE CORPORATION

PRINCIPAL ADDRESS
2191-A TAMiami TRAIL
PORT CHARLOTTE FL 33948

MAILING ADDRESS
2191-A TAMiami TRAIL
PORT CHARLOTTE FL 33948

Document Number
P01000046429

FEI Number
651114690

Date Filed
05/08/2001

State
FL

Status
ACTIVE

Effective Date
NONE

Last Event
REINSTATEMENT

Event Date Filed
11/14/2002

Event Effective Date
NONE

Registered Agent

Name & Address
SEPTER, KURT R 2191-A TAMiami TRAIL PORT CHARLOTTE FL 33948

Officer/Director Detail

Name & Address	Title
SEPTER, KURT R 2191 TAMiami TRAIL PORT CHARLOTTE FL 33948	DP

Annual Reports

Report Year	Filed Date

P01000046429

54056329

2002	11/14/2002
2003	04/25/2003

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No Name History Information

Document Images

Listed below are the images available for this filing.

04/25/2003 -- ANN REP/UNIFORM BUS REP
11/14/2002 -- REINSTATEMENT
05/08/2001 -- Domestic Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT[Corporations Inquiry](#)[Corporations Help](#)