

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000052502

FILED
Feb 18, 2004
Secretary of State

Entity Name: TWENTY TWENTY INSURANCE, INC.

Current Principal Place of Business:

4875 NORTH FEDERAL HWY, THIRD FLOOR
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

4875 NORTH FEDERAL HWY, THIRD FLOOR
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-1109480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEDDY, COURTLAND
2856 NE 25TH STREET
FORT LAUDERDALE, FL 33305

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: PD () Delete
Name: LOTT, LAYNE N
Address: 4875 NORTH FEDERAL HWY, THIRD FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VP (X) Delete
Name: TROSKEY, PHILIP A
Address: 6821 WEST CYPRESSWOOD DRIVE
City-St-Zip: PARKLAND, FL 33067

Title: VP (X) Delete
Name: COURTLAND, PEDDY
Address: 2856 NE 25TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LAYNE N. LOTT

PD

02/18/2004

Electronic Signature of Signing Officer or Director

Date