


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90034 047 \*\*\*150.00

<b>DOCUMENT # P01000059067</b> 1. Entity Name <b>FOREMOST EXPRESS INSURANCE AGENCY OF FLORIDA, INC.</b>					
Principal Place of Business <b>5600 BEECH TREE LN. GRAND RAPIDS, MI 49501</b>			Mailing Address <b>5600 BEECH TREE LN. GRAND RAPIDS, MI 49501</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>38-3618037</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANNIGAN, JOHN J 5600 BEECH TREE LN. GRAND RAPIDS, MI 49501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ruder, Nora 5600 Beech Tree Lane Caledonia, MI 49316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOUDSTRA, F. ROBERT 5600 BEECH TREE LN. GRAND RAPIDS, MI 49501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Woudstra, F Robert 5600 Beech Tree Lane Caledonia, MI 49316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOYNER, RONNIE L 5600 BEECH TREE LN. GRAND RAPIDS, MI 49501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Sanders, Kurt 5600 Beech Tree Lane Caledonia, MI 49316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREUL, NANCY H 5600 BEECH TREE LN. GRAND RAPIDS, MI 49501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Smith, Stanley R 5600 Beech Tree Lane Caledonia, MI 49316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSHoven, STEVEN 4680 WILSHIRE BLVBD. LOS ANGELES, CA 90010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Brown, Martin 5600 Beech Tree Lane Caledonia, MI 49316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOEDELman, MICHAEL KENT 3920 SEA EAGLE CIR. ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Pepper, Jeffrey L 5600 Beech Tree Lane Caledonia, MI 49316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 like empowered.					
<b>SIGNATURE: <i>Jeffrey L Pepper</i> Jeffrey L Pepper, Treasurer 3-9-04 (616) 956-3750</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# Attachment

Foremost Express Insurance Agency of Florida, Inc  
Additional Officers & Directors

<u>Title</u>	<u>Name</u>	<u>Street Address</u>	<u>City, State</u>
Assistant Treasurer	Ronald Myhan	4680 Wilshire Blvd	Los Angeles, CA
Assistant Treasurer	Hubert Mountz	4680 Wilshire Blvd	Los Angeles, CA
Assistant Secretary	Doren E Hohl	4680 Wilshire Blvd	Los Angeles, CA

#P01000059067  
44020054