

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000073634

FILED
Mar 31, 2004
Secretary of State

Entity Name: 4 CORNERS INSURANCE INC.

Current Principal Place of Business:

110 POLO PARK BLVD, EAST
DAVENPORT, FL 33897 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 137344
CLERMONT, FL 34713 US

New Mailing Address:

FEI Number: 59-3732255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

4 CORNERS INS
PO BOX 137344
CLERMONT, FL 34713 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: CEO () Delete
Name: PALANTI, MICHAEL A
Address: PO BOX 137344
City-St-Zip: CLERMONT, FL 34713 US

Title: VP () Delete
Name: PALANTI, SHARON A
Address: 237 OAK CHASE PLACE
City-St-Zip: DAVENPORT, FL 33896 FL

Title: TR () Delete
Name: PALANTI, MARC W
Address: 137 HAZEL NUT COURT
City-St-Zip: DAVENPORT, FL 33896 US

Title: SEC () Delete
Name: PALANTI, JUDITH A
Address: PO BOX 164
City-St-Zip: PALM CITY, FL 34991 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: PALANTI, SHARON A
Address: PO BOX 137344
City-St-Zip: CLERMONT, FL 34713 FL

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: MICHAEL PALANTI

CEO

03/31/2004

Electronic Signature of Signing Officer or Director

_____ Date