

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90042 029 ***150.00

DOCUMENT # P01000084322

1. Entity Name
INSURANCE FLORIDA INC.



Principal Place of Business
**1830 ASHLAND TRAIL
OVIEDO, FL 32765**

Mailing Address
**1830 ASHLAND TRAIL
SUITE 201
OVIEDO, FL 32765**

29030046

2. Principal Place of Business

1116 Cardinal Creek PL

Suite, Apt. #, etc.

3. Mailing Address

1116 Cardinal Creek PL

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

Oviedo, FL

4. FEI Number

59-3741674

Applied For

Not Applicable

Zip

32765

Country

USA

Zip

32765

Country

USA

04052004

Chg-P

CR2E034 (10/03)

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHRISTENSEN, ERIC
1830 ASHLAND TRAIL
OVIEDO, FL 32765**

7. Name and Address of New Registered Agent

Name **Christensen, Eric**

Street Address (P.O. Box Number is Not Acceptable)

1116 Cardinal Creek Place

City **Oviedo**

FL

Zip Code

32765

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

Eric Christensen

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CHRISTENSEN, ERIC**
STREET ADDRESS **1830 ASHLAND TRAIL**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Christensen, Eric**
STREET ADDRESS **1116 Cardinal Creek Place**
CITY-ST-ZIP **Oviedo, FL 32765**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Eric Christensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04

Date

407-617-3654

Daytime Phone #