2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2004
Secretary of State

DOCUMENT# P01000109212

Entity Name: AMERICAN INSURANCE & INVESTMENT CORPORATION

Current Principal Place of Business:

POST OFFICE BOX 22133
TAMPA, FL 33622

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 22133
TAMPA, FL 33622

New Mailing Address:

FEI Number: 01-0604085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOX, TROY J
2528 W JEAN STREET
TAMPA, FL 33614 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FOX, TROY J
Address: POST OFFICE BOX 22133
City-St-Zip: TAMPA, FL 33622

Title: D ( ) Delete
Name: FOX, TROY
Address: PO BOX 22133
City-St-Zip: TAMPA, FL 33622

Title: D ( ) Delete
Name: FOX, TONI J
Address: POST OFFICE BOX 308
City-St-Zip: ODESSA, FL 33556

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: TROY FOX D 05/11/2004

Electronic Signature of Signing Officer or Director Date