

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000000739

FILED
Apr 28, 2004
Secretary of State

Entity Name: NANTZ INSURANCE AGENCY INC.

Current Principal Place of Business:

2114 N.W. 40TH TERR
SUITE B-3
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

2114 N.W. 40TH TERR
SUITE B-3
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 74-3030171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NANTZ, DARREN L
2114 N.W. 40TH TERR
SUITE B-3
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

NANTZ, DARREN L
1034 N.W. 90TH DRIVE
GAINESVILLE, FL 32606 US

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: DARREN L. NANTZ

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NANTZ, DARREN L
Address: 2114 N.W. 40TH TERR SUITE B-3
City-St-Zip: GAINESVILLE, FL 32605

Title: S () Delete
Name: NANTZ, MERI P
Address: 5428 N.W. 9TH LANE
City-St-Zip: GAINESVILLE, FL 32605

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NANTZ, DARREN L
Address: 1034 N.W. 90TH DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: S (X) Change () Addition
Name: NANTZ, MERI P
Address: 1034 N.W. 90TH DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: VP () Change (X) Addition
Name: NANTZ, JOLIE L
Address: P.O. BOX 871
City-St-Zip: ALACHUA, FL 32616

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: DARREN L NANTZ

P

04/28/2004

Electronic Signature of Signing Officer or Director

Date