


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90036 009 ***150.00

DOCUMENT # P02000007215

1. Entity Name
CONCEPT ONE INSURANCE, INC.



Principal Place of Business
**426 EVERGREEN DRIVE
OLDSMAR, FL 34677**

Mailing Address
~~P.O. BOX 1419~~
OLDSMAR, FL 34677

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1677
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

03302004 Chg-P CR2E034 (10/03)

4. FEI Number
03-0386009

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OXENDINE, JASON C
426 EVERGREEN DRIVE
OLDSMAR, FL 34677**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OXENDINE, JASON C P.O. BOX 1419 OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. OXENDINE, JASON C. P.O. BOX 1677 Oldsmar, FL. 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jason C Oxendine **Pres.** 4/13/04 8138542448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #