

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90010 037 ***150.00

DOCUMENT # P02000013527 1. Entity Name DITTMAN INSURANCE GROUP, INC.			
Principal Place of Business 544 WEXFORD DR. E PALM HARBOR, FL 34683		Mailing Address 544 WEXFORD DR. E PALM HARBOR, FL 34683	
2. Principal Place of Business 101 Federal Place Suite, Apt. #, etc. Suite 101 City & State Tarpon Springs Zip 34688 Country US		3. Mailing Address 4422 Serenity Trail Suite, Apt. #, etc. City & State Palm Harbor, FL Zip 34685 Country US	
4. FEI Number 61-1403766		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02102004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LOVELACE, WILLIAM K ESQ 401 S. LINCOLN AVE. CLEARWATER, FL		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 _____ (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. <input type="checkbox"/> \$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	D DITTMAN, JENNIFER L 544 WEXFORD DR. E PALM HARBOR, FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dittman, Jennifer L 4422 Serenity Trail Palm Harbor, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DITTMAN, DOUGLAS F 544 WEXFORD DR. E PALM HARBOR, FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dittman, Douglas F. 4422 Serenity Trail Palm Harbor, FL 34685
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
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
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
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
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2-11-04 Daytime Phone # 727 521 5958	

DOUGLAS F. DITTMAN