2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000030564

1. Entity Name
VICTORY INSURANCE OF BARTOW, INC.

Principal Place of Business	Mailing Address
102 S 2 AVE BARTOW, FL 33830	102 S 2ND AVE BARTOW, FL 33830

DO NOT WRITE IN THIS SPACE

04082004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3029109	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

FISHER, GEROGE
107 CONNIE LEE CT
LAKELAND, FL 33809

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IN THIS SPACE

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

U00000112669
04/14/04-80031-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FISHER, GEORGE
STREET ADDRESS	102 S 2 AVE
CITY-ST-ZIP	BARTOW, FL 33830

TITLE	
NAME	
STREET ADDRESS	
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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: _George Fisher_   4/8/04   863-533-2928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #