

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044930

Entity Name: AGR INSURANCE, INC.

FILED
Apr 25, 2004
Secretary of State

Current Principal Place of Business:

P O BOX 720365
ORLANDO, FL 328720365

New Principal Place of Business:

P O BOX 720365
ORLANDO, FL 328720365 US

Current Mailing Address:

P O BOX 720365
ORLANDO, FL 328720365

New Mailing Address:

P O BOX 720365
ORLANDO, FL 328720365 US

FEI Number: 65-1170595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCEFIELD, DAVID S
230 LOOKOUT PLAE STE 200
MAITLAND, FL 32751 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RIVERA, RICHARD M
Address: 1757 W BROADWAY ST STE 6
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RIVERA, RICHARD
Address: 1757 W BROADWAY ST STE 6
City-St-Zip: OVIEDO, FL 32765

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: RICHARD RIVERA

D

04/25/2004

Electronic Signature of Signing Officer or Director

Date