

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90260 004 ***158.75

DOCUMENT # P02000053159 1. Entity Name BUSINESS ASSURANCE AGENCY, INC.					
Principal Place of Business PO BOX 380090 MURDOCK, FL 33938-0090			Mailing Address PO BOX 380090 MURDOCK, FL 33938-0090		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 37-1429179	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARCA, MICHAEL A 2358 CHILCOTE TERRACE PORT CHARLOTTE, FL 33981				7. Name and Address of New Registered Agent Name NOLAN, JOHN D Street Address (P.O. Box Number is Not Acceptable) 2788 ROYAL PALM DRIVE City NORTH PORT FL 34288	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	V LAMARCA, MICHAEL A 2368 CHILCOTE TERRACE PORT CHARLOTTE, FL 33981 <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	VD LAMARCIA, MICHELLE L 2358 CHILCOTE TERRACE PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LAMARCA, MICHELLE L. 2358 CHILCOTE TERRACE PORT CHARLOTTE, FL 33981 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOLAN, JOHN D 2788 ROYAL PALM DRIVE NORTH PORT, FL 34288 <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:			03/31/04 <small>Date Daytime Phone #</small>		