

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000058508

FILED  
Jan 16, 2004  
Secretary of State

**Entity Name:** ACCESS GENERAL AGENCY OF FLORIDA, INC.

**Current Principal Place of Business:**

2830 DRESDEN DRIVE  
ATLANTA, GA 30341

**New Principal Place of Business:**

**Current Mailing Address:**

2830 DRESDEN DRIVE  
ATLANTA, GA 30341

**New Mailing Address:**

FEI Number: 58-2603846

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALLOWAY, CLYDE W JR.  
106 EAST COLLEGE AVENUE  
SUITE 600  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: MCMENAMIN, MICHAEL  
Address: 2830 DRESDEN DRIVE  
City-St-Zip: ATLANTA, GA 30341

Title: ST ( ) Delete  
Name: LAZAREK, DAN  
Address: 2830 DRESDEN DRIVE  
City-St-Zip: ATLANTA, GA 30341

Title: VP ( ) Delete  
Name: YOUNG, MITCHELL  
Address: 2830 DRESDEN DRIVE  
City-St-Zip: ATLANTA, GA 30341

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL MCMENAMIN

P

01/16/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date