2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 09, 2004 8:00 am Secretary of State DOCUMENT # P02000075570 1. Entity Name 04-09-2004 90040 033 ***150.00 BUSINESS INSURANCE GROUP, INC. Principal Place of Business Mailing Address 2189 CLEVELAND STREET SUITE 251 2189 CLEVELAND STREET **SUITE 251** CLEARWATER FL 33765 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address 7247 Bryan Dairy Suite, Apt. #, etc. 7247 Bryan Dairy Rd CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 01-0733977 argo Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent TAYLOR, ELIZABETH A 2189 CLEVELAND STREET SUITE 251 **CLEARWATER FL 33765** City -arab 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 Elizabeth A. Toylor FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE President Change ☐ Addition ☐ Delete Taylor, Elizabeth A. MAME TAYLOR, ELIZABETH A NAME 7247 Bryan Dairy Rd. 2189 CLEVELAND STREET SUITE 251 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33765** CITY-ST-ZIP ST TITLE ☐ Delete TITLE ☐ Addition DOLORES NAME BEASLEY, DOLORES M NAME STREET ADDRESS 2189 CLEVELAND STREET SUITE 251 STREET ADDRESS **CLEARWATER FL 33765** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change Addition NAME BEASLEY, WILLIAM B NAME STREET ADDRESS 2189 CLEVELAND STREET SUITE 251 STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33765** CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE пπе ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED