2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004
Secretary of State

DOCUMENT# P02000078631

Entity Name: TAYLOR INSURANCE GROUP, INC

Current Principal Place of Business:

11516 SAN JOSE BLVD
SUITE 4
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

11516 SAN JOSE BLVD
SUITE 4
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 48-1273307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, CAROL H
5301 HERONVIEW DRIVE
JACKSONVILLE, FL 32257

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TAYLOR, CAROL H
Address: 5301 HERONVIEW DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: T ( ) Delete
Name: FRONCZAK, LESLIE S
Address: 9170 LATIMER ROAD WEST
City-St-Zip: JACKSONVILLE, FL 32257

Title: S ( ) Delete
Name: SMITH, CONNIE
Address: 12607 QUARTERHORSE TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: TAYLOR, RHYAN D
Address: 137 3RD AVE SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: KLUGE, SUSAN
Address: 3855 SCHOENWALD LANE
City-St-Zip: JACKSONVILLE, FL 32223

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:

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: CAROL H TAYLOR P 06/02/2004

Electronic Signature of Signing Officer or Director — Date