2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004
Secretary of State

DOCUMENT# P02000081841

Entity Name: TEUFEL INSURANCE AGENCY AND FINANCIAL SERVICES GROUP, INC.

Current Principal Place of Business:

4843 U. S. HWY 19
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4843 U. S. HWY 19
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 11-3646844 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRUFEL, THOMAS
9545 SUNSHINE BLVD.
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

TEUFEL, THOMAS
9545 SUNSHINE BLVD.
NEW PORT RICHEY, FL 34654 US

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: THOMAS E TEUFEL 03/17/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: TEUFEL, THOMAS E
Address: 9545 SUNSHINE BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS E TEUFEL PRES 03/17/2004
Electronic Signature of Signing Officer or Director Date