

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000084315

FILED  
Apr 22, 2004  
Secretary of State

**Entity Name:** AFFILIATED INSURANCE SERVICES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1033 W. SEMORAN BLVD  
SUITE 237  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

1033 S.R. 436  
SUITE 117  
CASSELBERRY, FL 32707

**Current Mailing Address:**

PO BOX 208  
GOLDENROD, FL 32733

**New Mailing Address:**

**FEI Number:** 05-0526829

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUTCHINS, ROBERT J  
40 N WYMORE RD STE 110  
WINTER PARK, FL 3789 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: D ( ) Delete  
Name: PHILLIPS, ROBERT S II  
Address: 1543 LAWDALE CIR  
City-St-Zip: WINTER PARK, FL 32792

**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: ROBERT S. PHILLIPS, II

D

04/22/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date