


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000084817	
1. Entity Name ALLEGIANCE INSURANCE GROUP OF FLORIDA, INC.	

Principal Place of Business 5728 MAJOR BLVD SUITE 311 ORLANDO, FL 32819	Mailing Address 5728 MAJOR BLVD SUITE 311 ORLANDO, FL 32819
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02042004 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1840802	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent EGGEBRECHT, JERRY D 5728 MAJOR BLVD SUITE 311 ORLANDO, FL 32819
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES EGGEBRECHT, ERIC D 5728 MAJOR BLVD, SUITE 311 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EGGEBRECHT, JERRY D 5728 MAJOR BLVD, SUITE 311 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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UD00000039301
02/07/04-80002-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Jerry D. Eggbrecht **JERRY D. EGGEBRECHT** 2/4/04 407-345-8847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #