


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90002 038 ***158.75

DOCUMENT # P02000084861	
1. Entity Name FLORIDA HOMEOWNERS INSURANCE ASSOCIATES, INCORPORATED	

Principal Place of Business 410 CORTEZ ROAD WEST SUITE #109 BRADENTON FL 34207	Mailing Address 410 CORTEZ ROAD WEST SUITE #109 BRADENTON FL 34207
--	--

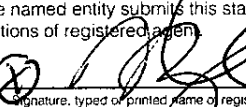
2. Principal Place of Business 5505 15th St E Bradenton, FL City & State 34203 USA	3. Mailing Address 5505 15th St E Bradenton, FL City & State 34203 USA
---	---



MOORE CR2E034 (11/03)

4. FEI Number 03-0477034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOONEY, AUBRIAN D MS. 410 CORTEZ ROAD SUITE #201 BRADENTON FL 34207	
7. Name and Address of New Registered Agent Name Street Address (R.O. Box Number is Not Acceptable) 5505 15th St E 5505 15th St E City Bradenton FL Zip Code 34203	

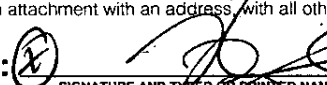
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 2/17/04

FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONDER-MOONEY, LILLIE MS. 4110 CORTEZ RD STE 109 BRADENTON FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5505 15th St E Bradenton, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOONEY, AUBRIAN D 410 CORTEZ ROAD SUITE #109 BRADENTON FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5505 15th St E Bradenton, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  DATE: 2/17/04 DAYTIME PHONE #