

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90336 038 ***150.00

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04272004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000087257 1. Entity Name RANDY WHITE INSURANCE SERVICES, INC.					
Principal Place of Business 17766 OAK RIDGE STREET TAMPA, FL 33647			Mailing Address 17766 OAK RIDGE STREET TAMPA, FL 33647		
2. Principal Place of Business 9623 DISCOVERY TERRACE Suite, Apt. #, etc.		3. Mailing Address 9623 DISCOVERY TERRACE Suite, Apt. #, etc.			
City & State BRADENTON, FL Zip 34212 Country FLORIDA		City & State BRADENTON, FL Zip 34212 Country FLORIDA		4. FEI Number 05-0526643	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WHITE, RANDY D 17766 OAK RIDGE STREET TAMPA, FL 33647			7. Name and Address of New Registered Agent Name WHITE, RANDY D (SAME) Street Address (P.O. Box Number is Not Acceptable) 9623 DISCOVERY TERRACE City BRADENTON FL Zip Code 34212		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 WHITE, RANDY D 17766 OAK RIDGE STREET TAMPA, FL 33647 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O 9623 DISCOVERY TERRACE BRADENTON, FL 34212 <input checked="" 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	
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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: Randy White <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-27-04 813-220-9220 <small>Date Daytime Phone #</small>		