## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

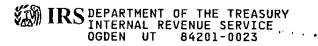
SIGNATURE:

## May 05, 2004 8:00 am **Secretary of State** DOCUMENT # P02000087634 05-05-2004 90246 025 \*\*\*150.00 LAND O'LAKES AUTO INSURANCE, INC. Mailing Address Principal Place of Business 4710 LAND O'LAKES BLVD., SUITE 8 4710 LAND O'LAKES BLVD., SUITE 8 LAND O'LAKES, FL 34639 LAND O'LAKES, FL 34639 03012004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0420185 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TUNNELL, BRYAN K DO NOT WRITE 4710 LAND O LAKES BLVD. #8 LAND O LAKES, FL 34639 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE NAME TUNNELL: TAMMY R 4710 LAND O LAKES BLVD. #8 LAND O LAKES, FL 34639 CITY-ST-7IP VSD TITLE TUNNELL, BRYON K NAME 4710 LAND O LAKES BLVD. #8 STREET ADDRESS CITY-ST-ZIP LAND O LAKES, FL 34639 TITLE NAME STREET ADDRESS DO-NOT-WRITE CITY-ST-7IP. TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS 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.

FILED

attachment

14022376



Date of this notice: 04-12-2004

Employer Identification Number: 790-0156565

Form: 1120

Number of this notice: CP 576 A

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.



LAND O LAKES AUTO INSURANCE INC 4710 LAND O LAKES BLVD STE 8 LAND O LAKES FL 34639

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

As we were processing your Form 1120 for tax period 122003, we found that your form didn't have a valid employer identification number (EIN). Our records show no EIN assigned to this business. Since an EIN is required by law, we assigned you EIN 90-0156565. Please keep this notice for your records.

Use your name and EIN exactly as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Every taxpayer must figure taxable income on the basis of an annual accounting period, called a tax year. For trusts, your tax year must generally be a calendar year, unless you are a charitable trust or are exempt from tax under the law. For partnerships, your tax year must conform with either the tax year of the majority partners, the tax year of the principal owners, or a calendar year, in that order, unless you establish a business purpose for using a different tax year. A personal service corporation must use a calendar year as its tax year, unless you establish a business purpose for using a different tax year. For further information, see Publication 538 (Accounting Periods and Methods), available at most IRS offices.

We've enclosed a Form SS-4, Application for Employer Identification Number (EIN), for you to complete so your account record will be complete. Please return the form with the bottom part of this notice within 15 days. We've enclosed an envelope for your convenience.

Thank you for your cooperation.