

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092524

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: AFFORDABLE INSURANCE OF GADSDEN COUNTY, INC.

## Current Principal Place of Business:

373 E. JEFFERSON STREET  
QUINCY, FL 32351

## New Principal Place of Business:

## Current Mailing Address:

373 E. JEFFERSON STREET  
QUINCY, FL 32351

## New Mailing Address:

FEI Number: 76-0710126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, BARBARA A  
373 E. JEFFERSON ST  
QUINCY, FL 32351

## 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: P ( ) Delete  
Name: JOHNSON, BARBARA A  
Address: 372 DOGWOOD TRAIL  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: JOHNSON, ALBERT C  
Address: 372 DOGWOOD TRAIL  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: COOPER, NINA K  
Address: MAX HERRING ROAD  
City-St-Zip: CHATAHOOCHEE, FL 32324

Title: D ( ) Delete  
Name: MASSEY, DAPHNE  
Address: 1237 BERRY STREET  
City-St-Zip: QUINCY, FL 32351

Title: VP ( ) Delete  
Name: MASSEY, MARILYN  
Address: 1237 BERRY STREET  
City-St-Zip: QUINCY, FL 32351

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARBARA JOHNSON

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date