2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000096822

1. Entity Name
STOGNER INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
6131 DELTONA BOULEVARD SPRING HILL, FL 34606	6131 DELTONA BOULEVARD SPRING HILL, FL 34606

DO NOT WRITE IN THIS SPACE

03192004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
04-3710741	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STOGNER-HERNANDEZ, TRACIE L
6131 DELTONA BOULEVARD
SPRING HILL, FL 34606

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 N/A

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 Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000154743
05/05/04-80009-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STOGNER-HERNANDEZ, TRACIE L
STREET ADDRESS	6131 DELTONA BOULEVARD
CITY-ST-ZIP	SPRING HILL, FL 34606

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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: *Tracie L. Stogner-Hernandez*   4/29/04   (352) 597-2399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #