

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90017 032 ***150.00

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DOCUMENT # P02000120887					
1. Entity Name INSIDERS COMPLIANCE AGENCY, INC.					
Principal Place of Business 220 STOWE AVE. SUITE #41 ORANGE PARK, FL 32073			Mailing Address 220 STOWE AVE. SUITE #41 ORANGE PARK, FL 32073		
2. Principal Place of Business 1765 Country Walk Dr. Suite, Apt. #, etc.		3. Mailing Address 1765 Country Walk Dr. Suite, Apt. #, etc.			
City & State Orange Park, FL Zip: 32003 Country: USA		City & State Orange Park, FL Zip: 32003 Country: USA		4. FEI Number 41-2094166	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WEBB, KEITH 220 STOWE AVE. SUITE #41 ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent 1765 Country Walk Dr. Orange Park, FL 32003		
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 _____					
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	P WEBB, KEITH 220 STOWE AVE, SUITE 41 ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBB, KEITH 220 STOWE AVE 1765 Country Walk Dr. Orange Park, FL 32003	<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
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
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			KEITH WEBB Date: 2-6-04 Daytime Phone #: 9042645182		