


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90016 011 \*\*\*158.75

<b>DOCUMENT # P02000132174</b>	
1. Entity Name <b>INSURANCE MARKETING, INC.</b>	

Principal Place of Business <b>1101 GULF BREEZE SUITE 357A GULF BREEZE, FL 32561</b>	Mailing Address <b>1101 GULF BREEZE SUITE 357A GULF BREEZE, FL 32561</b>
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**94010430**



2. Principal Place of Business <b>1401 GREEN BRIAR PKWY</b>	3. Mailing Address <b>1401 GREEN BRIAR PKWY</b>
Suite, Apt. #, etc. <b>#1</b>	Suite, Apt. #, etc. <b>#1</b>

02022004 Chg-P CR2E034 (10/03)

City & State <b>Gulf Breeze, Florida</b>	City & State <b>Gulf Breeze, Florida</b>
Zip <b>32563</b>	Zip <b>32563</b>
Country <b>Santa Rosa</b>	Country <b>Santa Rosa</b>

4. FEI Number <b>27-0040587</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>BUTTS, MICHAEL 1101 GULF BREEZE SUITE 357A GULF BREEZE, FL 32561</b>	7. Name and Address of New Registered Agent Name <b>BUTTS, Michael</b> Street Address (P.O. Box Number is Not Acceptable) <b>1401 GREEN BRIAR PKWY STE #1</b> City <b>Gulf Breeze</b> FL Zip Code <b>32563</b>
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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 **Michael Butts - Director** **Michael Butts** **2/2/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BUTTS, MICHAEL 1101 GULF BREEZE SUITE 357A GULF BREEZE, FL 32561</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Butts, Michael 1401 GREEN BRIAR PKWY STE #1 GULF BREEZE, FL 32563</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HADDER, JOHN 1101 GULF BREEZE SUITE 357A GULF BREEZE, FL 32561</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Hadder, John 1401 GREEN BRIAR PKWY STE #1 GULF BREEZE, FL 32563</b> <input checked="" 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
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: **Michael Butts** **Michael Butts** **2/2/04** **850-934-5430**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #