

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000001201

FILED
Apr 28, 2004
Secretary of State

Entity Name: MR. INSURANCE AGENCY OF ORLANDO, INC.

Current Principal Place of Business:

6453 S. ORANGE AVE
STE 1
ORLANDO, FL 32809

New Principal Place of Business:

550 NORTH BUMBY AVE
STE 145
ORLANDO, FL 32803

Current Mailing Address:

3736 GATLIN WOODS DR
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 04-3731243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOCCIA, DANIEL J II
6453 S ORANGE AVE
STE 1
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

KHAN, CHRISTINE I
3736 GATLIN WOODS DR
ORLANDO, FL 32812 US

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: CHRISTINE KHAN

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KHAN, FRANCIS R
Address: 3736 GATLIN WOODS DR
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KHAN, CHRISITNE I
Address: 3736 GATLIN WOODS DR
City-St-Zip: ORLANDO, FL 32812

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: CHRISTINE KHAN

P

04/28/2004

Electronic Signature of Signing Officer or Director

Date