2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# P03000006815

Entity Name: L.A. DISCOUNT INSURANCE, INC.

Current Principal Place of Business:

1000 LEE BLVD.
SUITE 202
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

1000 LEE BLVD.
SUITE 202
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number: 56-2308889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOOVER, KATYNA L
1103 N GIFFORD AVE
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

HOOVER, KATYNA L
304 SCHOOLSIDE SR
LEHIGH ACRES, FL 33936 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: KATYNA HOOVER 04/06/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BAKER, TAMI L
Address: PO BOX 462
City-St-Zip: LEHIGH ACRES, FL 33970

Title: SEC ( ) Delete
Name: HOOVER, KATYNA L
Address: 1103 N. GIFFORD AVE.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BAKER, TAMI L
Address: PO BOX 462
City-St-Zip: LEHIGH ACRES, FL 33970 US

Title: SEC (X) Change ( ) Addition
Name: HOOVER, KATYNA L
Address: 304 SCHOOLSIDE DR
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: VP ( ) Change (X) Addition
Name: HOOVER, KATYNA L
Address: 304 SCHOOLSIDE DR
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: TR ( ) Change (X) Addition
Name: BAKER, TAMI L
Address: PO BOX 462
City-St-Zip: LEHIGH ACRES, FL 33970 US

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: TAMI L BAKER P 04/06/2004
Electronic Signature of Signing Officer or Director Date