

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2004 8:00 am**  
**Secretary of State**

08-19-2004 90054 048 \*\*\*150.00

**DOCUMENT # P03000015648**

1. Entity Name  
**AMERICAN CASUALTY AUDIT GROUP, INC.**



Principal Place of Business  
**440 LAKE OF THE WOODS DRIVE  
VENICE, FL 34293 US**

Mailing Address  
**10100 WEST SAMPLE ROAD  
SUITE 318  
CORAL SPRINGS, FL 33065 US**

**24080327**



2. Principal Place of Business

3.

**New Address**  
**P.O. BOX 147**  
**VENICE, FL**  
**34284**

Suite, Apt. #, etc.

City & State

Zip

Country

08022004

Chg-P

CR2E034 (10/03)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registrant

**TOMEK, KENNETH R  
10100 WEST SAMPLE ROAD  
SUITE 318  
CORAL SPRINGS, FL 33065**

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIR** ☐ Delete  
NAME **BIVONA, MICHAEL C**  
STREET ADDRESS **440 LAKE OF THE WOODS DRIVE**  
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **CO DIR** ☐ Change ☒ Addition  
NAME **LAURA BIVONA**  
STREET ADDRESS **440 Lake of the woods Dr.**  
CITY-ST-ZIP **VENICE, FL 34293**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8-11-04**

**941-480-9000**