

ANNUAL REPORT

DOCUMENT # P03000016949

1. Entity Name
BECHDEL INSURANCE AGENCY, INC.



FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90199 032 ***158.75

Principal Place of Business
1635 S RIDGEWOOD AVE STE 202
S DAYTONA, FL 32119

Mailing Address
1635 S RIDGEWOOD AVE STE 202
S DAYTONA, FL 32119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

04182004

Chg-P

CR2E034 (10/03)

4. FEI Number

14-1871322

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHYNARD, M.A.
515 S RIDGEWOOD AVE
DAYTONA BEACH, FL 32114

Name

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D BECHDEL, HAYES ☐ Delete
STREET ADDRESS
1635 S RIDGEWOOD AVE STE 202
CITY-ST-ZIP
S DAYTONA, FL 32119

TITLE
NAME
D BECHDEL, HAYES ☒ Change ☐ Addition
STREET ADDRESS
1635 S. RIDGEWOOD AVE. STE. 202
CITY-ST-ZIP
S DAYTONA, FL 32119

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
☐ Change ☐ Addition
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:

Hayes Bechdel

4-19-04

386-788-6002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #