2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

FILED
May 05, 2004 8:00 am
Secretary of State

04-19-2004 90354 042 ***150.00

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1. Entity Name
COMMONWEALTH INSURANCE OF FLORIDA INC.

66419446

04022004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
4175 WOODLANDS PARKWAY PALM HARBOR, FL 34685	4175 WOODLANDS PARKWAY PALM HARBOR, FL 34685
2. Principal Place of Business: 1027 E. Norvel Bryant Hwy	3. Mailing Address: 1027 E Norvel Bryant Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hernando, FL	City & State: Hernando, FL
Zip: 34442 Country: Citrus	Zip: 34442 Country: Citrus

4. FEI Number: 05-0559090 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, MARVIN 3801 SW 86TH TERRACE OCALA, FL 34481	Name: Marjorie Harkrader Street Address (P.O. Box Number is Not Acceptable): 3865 SW 80th Terr City: Ocala FL Zip Code: 34481

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: Marjorie Harkrader DATE: 04/02/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President JEFF LEDBETTER 4175 Parkway Palm Harbor, FL 34685	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President MARVIN SMITH 3801 SW 80TH Terr Ocala, FL 34481	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	TITLE 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: Marvin R Smith MARVIN R. Smith 04-01-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #