

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031141

FILED
Apr 30, 2004
Secretary of State

Entity Name: MARK MCGRUFF INSURANCE AGENCY, INC.

Current Principal Place of Business:

2801 SW ARCHER ROAD
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

2801 SW ARCHER ROAD
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 37-1460205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCGRUFF, MARK
2801 SW ARCHER ROAD
GAINESVILLE, FL 32608

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: MCGRUFF, MARK C
Address: 2801 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: VP () Change (X) Addition
Name: MCGRUFF, LORI E
Address: 2801 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32608

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: LORI MCGRUFF

VP

04/30/2004

Electronic Signature of Signing Officer or Director

Date