2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004
Secretary of State

DOCUMENT# P03000040004

Entity Name: WAYNE STAVALE & ASSOCIATES INSURANCE, INC.

Current Principal Place of Business:

1240 PUNTA GORDA CIRCLE
WINTER SPRINGS, FL 32708

New Principal Place of Business:

360 WILSHIRE BLVD
SUITE 120
CASSELBERRY, FL 32707

Current Mailing Address:

1240 PUNTA GORDA CIRCLE
WINTER SPRINGS, FL 32708

New Mailing Address:

360 WILSHIRE BLVD
SUITE 120
CASSELBERRY, FL 32707

FEI Number: 47-0915769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAVALE, WAYNE S
1240 PUNTA GORDA CIRCLE
WINTER SPRINGS, FL 32708

Name and Address of New Registered Agent:

STAVALE, WAYNE S
360 WILSHIRE BLVD
SUITE 120
CASSELBERRY, FL 32707

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: 03/10/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STAVALE, WAYNE S
Address: 1240 PUNTA GORDA CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete
Name: STAVALE, NANCY L
Address: 1240 PUNTA GORDA CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: STAVALE, WAYNE S
Address: 360 WILSHIRE BLVD SUITE 120
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Change ( ) Addition
Name: STAVALE, NANCY L
Address: 360 WILSHIRE BLVD SUITE 120
City-St-Zip: CASSELBERRY, FL 32707

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: WAYNE S. STAVALE D 03/10/2004
Electronic Signature of Signing Officer or Director — Date