

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063023

FILED
Aug 30, 2004
Secretary of State

Entity Name: A & S INSURANCE ENTERPRISES, INC.

Current Principal Place of Business:

4738 HARLOW BLVD.
JACKSONVILLE, FL 32210

New Principal Place of Business:

5602 PINEHILL LANE
JACKSONVILLE, FL 32244

Current Mailing Address:

4738 HARLOW BLVD.
JACKSONVILLE, FL 32210

New Mailing Address:

5602 PINEHILL LANE
JACKSONVILLE, FL 32244

FEI Number: 20-0025010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNS, ROSEANNA M
4738 HARLOW BLVD.
JACKSONVILLE, FL 32210

Name and Address of New Registered Agent:

JOHNS, ROSEANNA M
5602 PINEHILL LANE
JACKSONVILLE, FL 32244

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: ROSEANNA JOHNS

08/30/2004

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: JOHNS, ROSEANNA M
Address: 4738 HARLOW BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: VTD () Delete
Name: MCCROCKLIN, STEPHANIE
Address: 4738 HARLOW BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: CEO () Delete
Name: MCCROCKLIN, STEPHANIE
Address: 4738 HARLOW BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: COO () Delete
Name: JOHNS, ROSEANNA M
Address: 4738 HARLOW BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROSEANNA JOHNS

PSD

08/30/2004

Electronic Signature of Signing Officer or Director

Date