2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State
04-30-2004 90227 034 ***150.00

4

66427384

04192004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000083732

1. Entity Name
CENTRAL FLORIDA INSURANCE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
230 LOOKOUT PLACE SUITE 200 MAITLAND, FL 32751	230 LOOKOUT PLACE SUITE 200 MAITLAND, FL 32751

2. Principal Place of Business	3. Mailing Address
3504 Lake Lynda Dr.	S/A
Suite, Apt. #, etc.: Suite 165	Suite, Apt. #, etc.
City & State: Orlando, FL.	City & State
Zip: 32817 Country: U.S.A.	Zip Country

4. FEI Number: 20-0163782 ☐ 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
PIERCEFIELD, DAVID S 230 LOOKOUT PLACE SUITE 200 MAITLAND, FL 32751	Name: David S. Piercefield Street Address (P.O. Box Number is Not Acceptable): 100 East Sybelia Ave. Suite 205 City: Maitland FL Zip Code: 32751

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] David S. Piercefield 04-19-04
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 STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, KEVIN M 1103 LYNX TRAIL WINTER SPRINGS, FL 32708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORKIS, JOHN 951 WEDGEWOOD DR WINTER SPRINGS, FL 32708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4-24-04 407 695-7143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #