

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90134 017 ***150.00

DOCUMENT # P03000115058

1. Entity Name
**AMERICAN INSTITUTE OF INSURANCE CONTINUING
EDUCATION, INC.**



Principal Place of Business
**972 N RONALD REAGAN BLVD
LONGWOOD, FL 32750**

Mailing Address
**972 N RONALD REAGAN BLVD
LONGWOOD, FL 32750**

14061003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0275218

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TONEY, KENNETH R
3217 TIDAL POOL COVE
LAKE MARY, FL 32746**

Name

Street Address (P.O. Box Number is Not Acceptable)

972 N. RONALD REAGAN BLVD.

City

LONGWOOD

FL

Zip Code

32750

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-04

**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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPTS
TONEY, KENNETH R
% 972 N RONALD REAGAN BLVD
LONGWOOD, FL 32750**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEN TONEY

Date

4-28-04

Daytime Phone #

407-831-4707