2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115415

FILED Jan 10, 2004 Secretary of State

Entity Name: MEDD INSURANCE ENTERPRISES, INC.		
Current Principal Place of Business:	New Principal Place of Business:	
902 NORTH PINE HILLS ORLANDO, FL 32808	902 NORTH PINE HILLS RD. ORLANDO, FL 32808	
Current Mailing Address:	New Mailing Address:	
902 NORTH PINE HILLS ORLANDO, FL 32808	902 NORTH PINE HILLS RD. ORLANDO, FL 32808	
FEI Number: 56-2405063 FEI Number Applied For () F	El Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:	
FORTNER, DOUGLAS W 902 NORTH PINE HILLS ORLANDO, FL 32808 US		
The above named entity submits this statement for the purp in the State of Florida.	ose of changing its registered office or registered agent, or bo	oth,
SIGNATURE:		
Electronic Signature of Registered Agent	Date	
Election Campaign Financing Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS:
Title: P () Delete	Title: P (X) Change () Addition	

902 NORTH PINE HILLS 580 BRANTLEY TERRACE WAY #103 Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: ORLANDO, FL 32714 Title: () Delete Title: (X) Change () Addition FORTNER, DOUGLAS W FORTNER, DOUGLAS W Name: Name: Address: Address: 902 NORTH PINE HILLS 580 BRANTLEY TERRACE WAY #103 ORLANDO, FL 32808 ORLANDO, FL 32714 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition Name: FORTNER, DOUGLAS W Name: FORTNER, DOUGLAS W

902 NORTH PINE HILLS Address: 580 BRANTLEY TERRACE WAY #103 Address: City-St-Zip:

ORLANDO, FL 32808 City-St-Zip: ORLANDO, FL 32714

Title: () Delete Title: OFFI () Change (X) Addition FORTNER, EDNA E OFFICER Name: Name: Address: Address: 580 BRANTLEY TERRACE WAY #103 City-St-Zip:

ORLANDO, FL 32714 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 Statutés. 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: DOUGLAS W. FORTNER **PRES** 01/10/2004