

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000099558

FILED
Feb 18, 2005
Secretary of State

Entity Name: ACCORD INSURANCE OF CEDAR KEY, INC.

Current Principal Place of Business:

PO BOX 310
CEDAR KEY, FL 32625

New Principal Place of Business:

Current Mailing Address:

PO BOX 310
CEDAR KEY, FL 32625

New Mailing Address:

FEI Number: 20-1400090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PELLICER, CHARLES E
28 CARDOVA STREET
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMSON, MICHAEL
Address: PO BOX 310
City-St-Zip: CEDAR KEY, FL 32625

Title: D () Delete
Name: DUVALL, MARY J
Address: PO BOX 310
City-St-Zip: CEDAR KEY, FL 32625

Title: D () Delete
Name: HURST, EARL
Address: 7518 SO. A1A
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: SAPP, NORM
Address: 544 WILLOW WALK PLACE
City-St-Zip: ST. AUGUSTINE, FL 32086

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: MARY J DUVALL

D

02/18/2005

Electronic Signature of Signing Officer or Director

Date