



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90327 006 ***150.00

DOCUMENT # P06114 1. Entity Name INVEST FINANCIAL CORPORATION INSURANCE AGENCY INC. OF MARYLAND					
Principal Place of Business 2701 N. ROCKY POINT DR. 7TH FLOOR TAMPA, FL 33607 US			Mailing Address 2701 N. ROCKY POINT DR. 7TH FLOOR TAMPA, FL 33607 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 		3. Mailing Address 1 CORPORATE WAY ATTN: TAX DEPT S35 City & State LANSING MI 48951 Zip 		4. FEI Number 52-1371150 Applied For <input type="checkbox"/> Not Applicable	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04202004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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. <input type="checkbox"/> \$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	PCEO NIEDERMEIR, LYNN 2701 N ROCKY POINT DR 7TH FL POMPAHO BEACH, FL 330607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO / P / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLETT, DAVID 2701 N ROCKY POINT DR, 7TH FLOOR TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D M. SHAWN DREFFEIN 401 WILSHIRE BLVD, STE 1100 SANTA MONICA CA 90401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACT. TWARDOWSKI, DALE 2701 N ROCKY POINT DR 7TH FLOOR TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S / D THOMAS J. MEYER 1 CORPORATE WAY LANSING MI 48951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BURGESS, RUTH A 2701 N ROCKY POINT DR 7TH FLOOR TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		THOMAS J. MEYER, SECRETARY		4.23.04 517-381-5500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Attachment

1403845
#P06114

Officers Continued:

Brian Culloty
2701 N. Rocky Point Dr, 7th FL
Tampa, FL 33604

ASSIST. VP

Kevin Mason
2701 N. Rocky Point Dr, 7th FL
Tampa, FL 33604

ASSIST. VP

Calvin E. Nystrom
2701 N. Rocky Point Dr, 7th FL
Tampa, FL 33604

ASSIST. VP

Tammi Shirar-Friskeny
2701 N. Rocky Point Dr, 7th FL
Tampa, FL 33604

ASSIST. VP