


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000007589</b> 1. Entity Name FLOYD SEWELL INSURANCE AGENCY INC	
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Principal Place of Business 4540 SOUTHSIDE BLVD. SUITE 1102 JACKSONVILLE, FL 32216-5495	Mailing Address 4540 SOUTHSIDE BLVD. SUITE 1102 JACKSONVILLE, FL 32216-5495
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**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3156037	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SEWELL, FLOYD STATE FARM INSURANCE 4540 SOUTHSIDE BLVD., SUITE 1102 JACKSONVILLE, FL 32216-5495	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEWELL, FLOYD 4540 SOUTHSIDE BOULEVARD, SUITE 1102 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEWELL, HILDA 4540 SOUTHSIDE BOULEVARD, SUITE 1102 JACKSONVILLE, FL
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02/02/04-80008-018 150.00

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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:** *Rency Floyd Sewell III* *Rency Floyd Sewell III* 1/27/04 904642-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #