2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000009469

FILED Jul 01, 2004 Secretary of State

Entity Name: SPACE COAST UNDERWRITERS INSURANCE AGENCY, INC.

Current Pr	incipal Place o	of Business:	New Principal Place of Business:		
100 RIALTO SUITE 450 MELBOUR	O PLACE NE, FL 32901	US			
Current Ma	ailing Address	:	New Mailing Address:		
100 RIALTO SUITE 450 MELBOUR	O PLACE NE, FL 32901	US			
FEI Number:	59-3167141	FEI Number Applied For () FEI Nu	mber Not Appl	licable () Certificate of Status Desired (X)	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Agent:	
1200 SOUT	ORATION SYS TH PINE ISLANI ON, FL 33324				
The above in the State		ibmits this statement for the purpose	of changing i	its registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Agent		Date	
Election Can	paign Financing	2)(b), F.S., the corporation did not receive Trust Fund Contribution ().	-		
OFFICERS	AND DIRECT	OKS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () E CRESCIO, JOSE 100 RIALTO PL S MELBOURNE, FL	SUITE 600	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition CRESCIO, JOSEPH P 100 RIALTO PL SUITE 450 MELBOURNE, FL 32901	
Title: Name: Address: City-St-Zip:	() [Delete	Title: Name: Address: City-St-Zip:	TREA () Change (X) Addition BILLINGS, SCOTT K 4450 SOJOURN DRIVE, SUITE 500 ADDISON, TX 75001	
Title: Name: Address: City-St-Zip:	()[Delete	Title: Name: Address: City-St-Zip:	SEC () Change (X) Addition SNYDER, DAVID B 4450 SOJOURN DRIVE, SUITE 500 ADDISON, TX 75001	
Title: Name: Address: City-St-Zip:	() [Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition ADAMS, NANCY L 100 RIALTO PL SUITE 450 MELBOURNE, FL 32901	
Title: Name: Address: City-St-Zip:	()[Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition PAULSEN, WILLIAM V 100 RIALTO PL SUITE 450 MELBOURNE, FL 32901	

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:	DAVID B. SNYDER	SEC	07/01/2004