2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P93000010703

Entity Name: RETAIL REINSURANCE CO., INC.

Current Principal Place of Business:

2310 A-Z PARK ROAD
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

2310 A-Z PARK ROAD
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-3168845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JACOBS, DALE G
3730 CLEVELAND HEIGHTS BLVD.
LAKELAND, FL 33803 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:	KUNDRAT, W B JR	
Address:	100 EAST JEFFERSON	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	SANDEFER, GEORGE	
Address:	ROUTE 2, BOX 1460	
City-St-Zip:	PALATKA, FL 32177	
Title:	D	( ) Delete
Name:	NISSEN, NIS	
Address:	1037 SOUTH FLORIDA AVENUE	
City-St-Zip:	LAKELAND, FL 33801	
Title:	PSD	( ) Delete
Name:	PETCOFF, THOMAS S	
Address:	1212 KELLS COURT	
City-St-Zip:	LAKELAND, FL 33803	
Title:	D	( ) Delete
Name:	WINTZ, CHARLES R	
Address:	4551 SHIRLEY AVENUE	
City-St-Zip:	JACKSONVILLE, FL 32210	

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:	
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: THOMAS S. PETCOFF PSD 04/28/2004

Electronic Signature of Signing Officer or Director — Date