, 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2004 8:00 am Secretary of State DOCUMENT # P93000035209 03-17-2004 90002 017 ***150.00 1. Entity Name AUTO OWNERS SERVICE CONTRACT COMPANY, INC. Principal Place of Business Mailing Address 44018334 5309 BLANDING BLVD. 5309 BLANDING BLVD. JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 CB2E034 (10/03) 03102004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3192322 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROOKS, ROBERT M DO NOT WRITE 326 WESLEY RD GREEN COVE SPRINGS, FL 32043 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME BROOKS, ROBERT M STREET ADDRESS 326 WESLEY RD CITY-ST-7IP GREEN COVE SPRINGS, FL 32043 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIME IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied windicated on this report or supplemental report pt filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or cirector verse to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee er changed, or on an attachment with an addies SIGNATURE:

MITURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED