

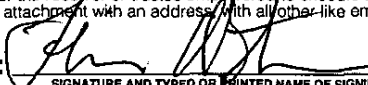


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90051 022 \*\*\*150.00

<b>DOCUMENT # P93000067258</b> 1. Entity Name <b>VICTORY INSURANCE OF LAKE WALES, INC.</b>																																													
Principal Place of Business <b>ONE SCENIC CENTRAL SUITE 100 LAKE WALES, FL 33853</b>		Mailing Address <b>ONE SCENIC CENTRAL SUITE 100 LAKE WALES, FL 33853</b>																																											
2. Principal Place of Business <b>318 S. Scenic Hwy Suite, Apt., #, etc. Suite 103 City &amp; State LAKE WALES FL Zip 33853 Country USA</b>		3. Mailing Address <b>PO Box 471 Suite, Apt., #, etc. City &amp; State LAKE WALES FL Zip 33859 Country USA</b>																																											
4. FEI Number <b>59-3202254</b>		Applied For <input type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent <b>O'STEEN, LEWIS D ONE SCENIC CENTRAL SUITE 101 LAKE WALES, FL 33853</b>		7. Name and Address of New Registered Agent Name <b>O'Steen, Lewis D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>318 S. Scenic Hwy Suite 103 City LAKE WALES FL Zip Code 33853</b>																																											
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  Resident <b>Lewis O'Steen</b> DATE <b>4/08/2004</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																													
<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"/> \$5.00 May Be Added to Fees																																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>O'STEEN, LEWIS D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE SCENIC CENTRAL SUITE 100</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WALES, FL 33853</td> <td></td> </tr> </table>		TITLE	PSTD	<input type="checkbox"/> Delete	NAME	O'STEEN, LEWIS D		STREET ADDRESS	ONE SCENIC CENTRAL SUITE 100		CITY-ST-ZIP	LAKE WALES, FL 33853		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>318 S. Scenic Hwy Ste 103 LAKE WALES FL 33853</b> </td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>318 S. Scenic Hwy Ste 103 LAKE WALES FL 33853</b>		NAME			STREET ADDRESS			CITY-ST-ZIP																				
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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: 		DATE <b>4/8/2004</b> DAYTIME PHONE # <b>863-221-7237</b>																																											
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																													