## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000050385

Entity Name: MOORE & WILLIAMS INSURANCE, INC.

**FILED** Jun 30, 2004 Secretary of State

1235 BENEVA ROAD SOUTH SARASOTA, FL 34232 US

**Current Mailing Address: New Mailing Address:** 

1235 BENEVA ROAD SOUTH SARASOTA, FL 34232

FEI Number: 65-0503407 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOORE, MARLIN L 1235 BENEVA ROAD SOUTH SARASOTA, FL 34232 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition MOORE, MARLIN L MOORE, MARLIN L Name: Name: 848 ALDERWOOD WAY 848 ALDERWOOD WAY Address: Address: City-St-Zip:

SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243 US

Title: () Delete Title: (X) Change ( ) Addition Name: MOORE, LORRAINE J Name: MOORE, LORRAINE J 848 ALDERWOOD WAY Address: 848 ALDERWOOD WAY Address: SARASOTA, FL 34243 SARASOTA, FL 34243 US City-St-Zip: 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: LORRAINE J MOORE TD 06/30/2004