

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90052 013 \*\*\*150.00

**DOCUMENT # P94000050827**

1. Entity Name  
**FLORIDA STATE AGENCY, INC.**



Principal Place of Business  
**350 E 96TH STREET  
INDIANAPOLIS, IN 46240 US**

Mailing Address  
**62 MAPLE AVE  
KEENE, NH 03431 US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

02202004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0504530**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent  
Name  
**CT Corporation System**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Rd**  
City  
**Plantation** **FL** Zip Code  
**33324**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FIEBRINK, MARK E	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE, NH 03431	
TITLE	T	<input type="checkbox"/> Delete
NAME	KIRSCHNER, KEVIN	
STREET ADDRESS	350 E 96TH ST	
CITY-ST-ZIP	INDIANAPOLIS, IN 46240	
TITLE	S	<input type="checkbox"/> Delete
NAME	DIRUSSO, MICHAEL J	
STREET ADDRESS	62 MAPLE AVE	
CITY-ST-ZIP	KEENE, NH 03431	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, JOHN C	
STREET ADDRESS	350 E 96TH ST	
CITY-ST-ZIP	INDIANAPOLIS, IN 46240	
TITLE	AT	<input type="checkbox"/> Delete
NAME	TUITE, JAMES E	
STREET ADDRESS	175 BERKELEY STREET	
CITY-ST-ZIP	BOSTON, MA 02117	
TITLE	C	<input type="checkbox"/> Delete
NAME	JEAN, ROGER L	
STREET ADDRESS	62 MAPLE AVENUE	
CITY-ST-ZIP	KEENE, NH 03431	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cary J. Ostrow	
STREET ADDRESS	175 Berkeley St.	
CITY-ST-ZIP	Boston, MA 02117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin J. Kirschner	
STREET ADDRESS	350 E. 96th St.	
CITY-ST-ZIP	Indianapolis, IN 46240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	175 Berkeley St.	
CITY-ST-ZIP	Boston, MA 02117	

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:** Michael J. DiRusso *Michael J. DiRusso* **2/23/04** **603-352-3221**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #