

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000052973**

1. Entity Name  
**FOLEY INSURANCE AGENCY, INC.**



Principal Place of Business  
**3723 E. COLONIAL DRIVE  
ORLANDO, FL 32803**

Mailing Address  
**3723 E. COLONIAL DRIVE  
ORLANDO, FL 32803**



01262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3263465</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FOLEY, DAVID W.  
2504 NORFOLK RD  
ORLANDO, FL 32803**

**DO NOT WRITE  
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 \_\_\_\_\_

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

U000000035298  
02/06/04-80012-017 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	FOLEY, DAVID W
STREET ADDRESS	3723 E. COLONIAL DRIVE
CITY-ST-ZIP	ORLANDO, FL 32803

TITLE	D
NAME	FOLEY, LYNNE B
STREET ADDRESS	3723 E. COLONIAL DRIVE
CITY-ST-ZIP	ORLANDO, FL 32803

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 fee empowered.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/3/04* *407-8988816*  
Date Daytime Phone #