


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000080927</b> 1. Entity Name ALL FLORIDA INSURERS OF NAPLES, CO.			
Principal Place of Business 2672 DAVIS BLVD NAPLES, FL 34104 US		Mailing Address 2672 DAVIS BLVD NAPLES, FL 34104 US	
4. FEI Number 65-0532118		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  PAUL, LO-AMMY 2672 DAVIS BLVD NAPLES, FL 34104			
<b>8.</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9.</b> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	NAME	DPST	
STREET ADDRESS	NAME	PAUL, LO-AMMY	
CITY-ST-ZIP	STREET ADDRESS	4374 23RD AVENUE, SW	
	CITY-ST-ZIP	NAPLES, FL 34116	
<b>12.</b> I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.			
<b>SIGNATURE:</b> _____		Date: <u>4/26/04</u> Filing Price: <u>239- 732-57</u>	



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