# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 19, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # P95000071645

1. Entity Name
FFVA MUTUAL INSURANCE CO.

| Principal Place of Business | Mailing Address |
|---|---|
| 4401 EAST COLONIAL DRIVE<br>ORLANDO, FL 32803 | P.O. BOX 140155<br>ORLANDO, FL 32814-0155 US |

02032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-6828087
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAIR, ALAN
4401 EAST COLONIAL DRIVE
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | C |
| NAME | ROE, MORGAN H |
| STREET ADDRESS | 500 AVE R SW |
| CITY-ST-ZIP | WINTER HAVEN, FL 33880 |
| TITLE | D |
| NAME | DUNSON, LESLIE III |
| STREET ADDRESS | 400 EAGLE LOOP ROAD |
| CITY-ST-ZIP | WINTER HAVEN, FL 33880 |
| TITLE | D |
| NAME | ROGERS, GLENN R. |
| STREET ADDRESS | 1807 MORNINGSIDE DRIVE |
| CITY-ST-ZIP | MT. DORA, FL |
| TITLE | ST |
| NAME | HAIR, ALAN E |
| STREET ADDRESS | 4401 EAST COLONIAL DRIVE |
| CITY-ST-ZIP | ORLANDO, FL 32803 |
| TITLE | D |
| NAME | JOHNS, FRANK |
| STREET ADDRESS | 6245 CR 13 SOUTH |
| CITY-ST-ZIP | HASTINGS, FL 32145 |
| TITLE | D |
| NAME | HARLLEE, PETER JR |
| STREET ADDRESS | 2308 HWY 301 NO. |
| CITY-ST-ZIP | PALMETTO, FL |

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02/19/04-80062-016 150.00

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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:** _____ Alan E. Hair (407) 894-1351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #