

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000077625

FILED
Sep 13, 2004
Secretary of State

Entity Name: BUDGET INSURANCE OF QUINCY, INC.

Current Principal Place of Business:

215 W. JEFFERSON STREET
QUINCY, FL 32351

New Principal Place of Business:

1904 OLD BAINBRIDGE RD
TALLAHASSEE, FL 32303

Current Mailing Address:

215 W. JEFFERSON STREET
QUINCY, FL 32351

New Mailing Address:

1904 OLD BAINBRIDGE RD
TALLAHASSEE, FL 32303

FEI Number: 59-3337922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KREMKAU, KRISTOPHER S
RT 3 BOX 717 (COLONIAL DR)
HAVANA, FL 32333 US

Name and Address of New Registered Agent:

KREMKAU, KRISTOPHER S
40 ONEAL WAY
HAVANA, FL 32333 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: KRISTOPHER S KREMKAU

09/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KREMKAU, KRISTOPHER S
Address: RT 3 BOX 717 (COLONIAL DR)
City-St-Zip: HAVANA, FL 32333

Title: S () Delete
Name: KREMKAU, DAWN H
Address: RT 3 BOX 717 (COLONIAL DR)
City-St-Zip: HAVANA, FL 32333

Title: VP () Delete
Name: KREMKAU, ROBERT
Address: PO BOX 242
City-St-Zip: QUINCY, FL 32353

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KREMKAU, KRISTOPHER S
Address: 40 ONEAL WAY
City-St-Zip: HAVANA, FL 32333

Title: S/T (X) Change () Addition
Name: WORKMAN, PEGGY S
Address: 2813 FITZPATRICK DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP (X) Change () Addition
Name: KREMKAU, ROBERT W JR
Address: 16510 SID COLLINS RD
City-St-Zip: TALLAHASSEE, FL 32310

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: KRISTOPHER S KREMKAU

PRES

09/13/2004

Electronic Signature of Signing Officer or Director

Date