

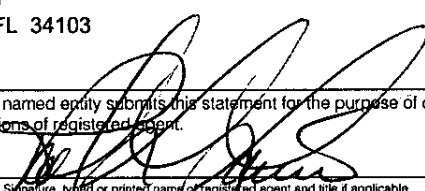
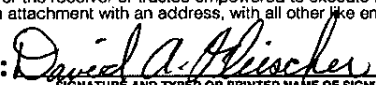


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-05-2004 90063 044 ***158.75

DOCUMENT # P96000030739 1. Entity Name DAVECO & ASSOCIATES INSURANCE MARKETING, INC.					
Principal Place of Business 1022 SE 30 ST CAPE CORAL, FL 33904-3929			Mailing Address C/O WHITELAW LEGAL GROUP 3838 TAMiami TRAIL NORTH, STE. 310 NAPLES, FL 34103		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1022 SE 30TH ST Suite, Apt. #, etc.			
City & State CAPE CORAL FL		4. FEI Number 65-0657398		Applied For <input type="checkbox"/> Not Applicable	
Zip 33904		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITELAW, JENNIFER L 3838 TAMiami TRL N. SUITE 310 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Paul Larrow Street Address (P.O. Box Number is Not Acceptable) 3501 DEL PRADO BLVD Suite 312 City CAPE CORAL FL Zip Code 33904		
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  Paul L. Larrow 2/3/2004 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST FLEISCHER, DAVID A 1022 SE 30TH STREET CAPE CORAL, FL 339043929	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDMIER, WILLIAM 168 E GRAND AVE FOXLAKE, IL 60020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDMIER, JUNE 168 E GRAND AVE FOXLAKE, IL 60020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
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:  David A. Fleischer 4-3-04 239-541-0505 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					