

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000031741

FILED
Feb 10, 2004
Secretary of State

Entity Name: CENTRAL FLORIDA INSURANCE SYSTEMS, INC.

Current Principal Place of Business:

2337 E SILVER SPRING BLVD
SUITE 501
OCALA, FL 34470

New Principal Place of Business:

202 NE 8TH AVENUE
OCALA, FL 34470

Current Mailing Address:

2337 E SILVER SPRING BLVD
SUITE 501
OCALA, FL 34470

New Mailing Address:

202 NE 8TH AVENUE
OCALA, FL 34470

FEI Number: 59-3377323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITT, TROY C
2337 E SILVER SPRING BLVD
SUITE 501
OCALA, FL 34470 US

Name and Address of New Registered Agent:

WHITT, TROY C
202 NE 8TH AVENUE
OCALA, FL 34470 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:

02/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITT, TROY C
Address: 2337 E SILVER SPRING BLVD
City-St-Zip: Ocala, FL 34470

Title: D () Delete
Name: WHITT, VIRGINIA M
Address: 2337 E SILVER SPRING BLVD
City-St-Zip: Ocala, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WHITT, TROY C
Address: 202 NE 8TH AVENUE
City-St-Zip: Ocala, FL 34470

Title: D (X) Change () Addition
Name: WHITT, VIRGINIA M
Address: 202 NE 8TH AVENUE
City-St-Zip: Ocala, FL 34470

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: TROY C WHITT

D

02/10/2004

Electronic Signature of Signing Officer or Director

Date