

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000039472

FILED
Apr 27, 2004
Secretary of State

Entity Name: LORI SWINDELL INSURANCE AGENCY, INC.

Current Principal Place of Business:

1800 2ND ST
STE 806
SARASOTA, FL 34236 US

New Principal Place of Business:

2555 PORTER LAKE DRIVE
SUITE 102
SARASOTA, FL 34240 US

Current Mailing Address:

1800 2ND ST
STE 806
SARASOTA, FL 34236 US

New Mailing Address:

2555 PORTER LAKE DRIVE
SUITE 102
SARASOTA, FL 34240 US

FEI Number: 65-0662437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWINDELL, LORI C
1800 2ND ST STE 806
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

SWINDELL, LORI C
2555 PORTER LAKE DRIVE
SUITE 102
SARASOTA, FL 34240 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: LORI SWINDELL

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SWINDELL, LORI C
Address: 1800 2ND ST, STE 806
City-St-Zip: SARASOTA, FL

Title: VSTD () Delete
Name: SWINDELL, GEORGE B
Address: 1800 2ND ST STE 806
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SWINDELL, LORI C
Address: 2555 PORTER LAKE DRIVE, SUITE 102
City-St-Zip: SARASOTA, FL 34240

Title: VSTD (X) Change () Addition
Name: SWINDELL, GEORGE B
Address: 2555 PORTER LAKE DRIVE, SUITE 102
City-St-Zip: SARASOTA, FL 34240

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: LORI SWINDELL

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04/27/2004

Electronic Signature of Signing Officer or Director

Date