


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90012 005 ***150.00

DOCUMENT # P96000082951	
1. Entity Name AFFORDABLE INSURANCE GROUP OF NORTHWEST FLORIDA, INC.	

Principal Place of Business 1813-D CREIGHTON RD PENSACOLA, FL 32504	Mailing Address 1813-D CREIGHTON RD PENSACOLA, FL 32504
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07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3408219	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DYESS, VIRGINIA L
4321 LA MIRAGE DRIVE
PENSACOLA, FL 32504**

**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: *Virginia L Dyess* DATE: **7-7-04**

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
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DYESS, DAVID L 4321 LAMIRAGE DRIVE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS DYESS, VIRGINIA L 4321 LAMIRAGE DR PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WYNNE, ROBERT M JR 7845 LEGRANDE DR PENSACOLA, FL 32574
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WYNNE, KRISTEN D 7845 LEGRANDE DR PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Virginia L Dyess* DATE: **7-7-04** TIME: **8:50-478-7999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #