2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000097486

Address:

City-St-Zip:

243 NW VAUGHAN

FT WALTON BCH, FL 32548

Entity Name: INSURANCE DIRECT CORPORATION

FILED Mar 12, 2004 Secretary of State

Littly Iva	ine. INOUNA	NOE BIREOT CORT CRATIC	IN .		
Current Principal Place of Business:			New Principal Place of Business:		
	CLE STRIP PH LTON BEACH				
Current Mailing Address:			New Mailing Address:		
	CLE STRIP PH LTON BEACH				
FEI Number	: 59-3409908	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	C W CLE STRIP PH LLTON BEACH				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered A્	gent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HARRIS, C W) Delete STRIP PKWY SE ICH, FL 32548	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	V (HARRIS, CYRI) Delete JS W	Title: Name:	() Change () Addition	

Address:

City-St-Zip:

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: C. W. HARRIS P 03/12/2004