## **2004 FOR PROFIT CORPORATION**

Mailing Address

## **ANNUAL REPORT**

## DOCUMENT # P97000011803

1. Entity Name

Principal Place of Business

SIGNATURE: 🗶

SIGNATURE AND TYP

ED NAME OF SIGNING OFFICER OR DIRECTOR

BOBBY PITTMAN INSURANCE AGENCY, INC.



**FILED** Jul 02, 2004 8:00 am Secretary of State

07-02-2004 90001 012 \*\*\*150.00

SAAKGEON

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4298 BONITA BEACH RD Bonita Springs, FL 34134		4298 BONITA BEACH RD Bonita Springs, Fl. 34134				040	1990	ij.	
	lace of Business	3. Mailing Address							
	Riverview Center Blue	27400 Riverview Center Blid.					// 1810  BB385 1		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Cha B	CDOFOS	4 (40(02)	•	
Ste.	2 :	Ste. Z		06222004	Chg-P	Chzeus	34 (10/03)		
City & State	e	City & State		4. FEI Numb			Ар	plied For	
Bonita Sonrys, Fl		Bonitz springs, fe		59-343	6313			t Applicable	
Zip 3413~		Zip 34 11 3 +	Country US A		of Status Desired	ا سنب النا ا	8.75 Add ee Required	itional	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									
LAMB, JEFFREY R 868 106TH AVE N NAPLES, FL 34108				Street Address (P.O. Box Number is Not Acceptable)					
	ë V		City			FL	Zip Code	3	
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									
	Signature, typeu or printed mame of registered agent.	and title if applicable. (NOTE,	negistered Agent signarure requi	red when relistating)		DATE			
FILE NOW!!! FEE IS \$150.00  Due by September 8, 2004  9. Election Campaign Finar  Trust Fund Contribution.			,	<b>5.00</b> May Be dded to Fees	In accordance v corporation did	vith s. 607. not receive	193(2)(b), i the prior n	F.S., the notice.	
10.	OFFICERS AND		11.	ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	3 (N 11	
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12. i hereby of indicated of the corchanged.	pertify that the information supplied with on this report or applemental report is poration or the receiver or trustee error or on an attachment with an acture is, v	this filting does not qualify for the and accurate and that my swelfed to execute this report a with all other like employed ed.	the exemption stated in y signature shall have th is required by Chapter 6	Section 119.07(3) le same legal effe 607, Florida Statute	(i), Florida Statutes, ot as if made under c es; and that my name	I further certi path; that I ar e appears in	fy that the in n an officer Block 10 or	formation or director Block 11 if	

Affachment

54059580

## TAX, ACCOUNTING & FINANCIAL ASSOCIATES, INC.

June 22, 2004

Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

RE

Bobby Pittman Insurance Agency, Inc. 27400 Riverview Center Blvd., Ste 2
Bonita Springs, FL 34134
P97000011803

We are the tax accountants for the above named corporation. It has come to the corporation's attention that the annual report for 2004 has not been filed.

The corporation did not receive any of the state's mailings regarding the annual report. The state has an incorrect mailing and physical address for the corporation on its records.

As such, we are requesting on behalf of the corporation, a waiver of the late fee and request that the corporation be allowed to file its annual report (attached) with the 2004 filing fees of \$150 (attached.) Please advise the corporation accordingly.

Thank you.

Very truly yours,

Jeffrey R. Lamb, Tax Accountant Tax, Accounting & Fin. Assoc., Inc.

Bobby Pittman, Director/President Bobby Pittman Insurance Agency, Inc.

JRL/II