

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000102993

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: WARNER INSURANCE AGENCY, INC.

## Current Principal Place of Business:

920 NORTH FLAGLER DRIVE  
FORT LAUDERDALE, FL 33304 US

## New Principal Place of Business:

## Current Mailing Address:

920 NORTH FLAGLER DRIVE  
FORT LAUDERDALE, FL 33304x US

## New Mailing Address:

920 NORTH FLAGLER DRIVE  
FORT LAUDERDALE, FL 33304X US

FEI Number: 65-0800565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARNER, BARBARA  
9280 CHELSEA DRIVE NORTH  
PLANTATION, FL 33324

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WARNER, BARBARA  
Address: 9280 CHELSEA DRIVE NORTH  
City-St-Zip: PLATATION, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
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: BARBARA WARNER

PD

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date