




**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000103420</b> 1. Entity Name <b>LAING INSURANCE, INC.</b>					
Principal Place of Business <b>361 N CENTRAL AVE UMATILLA, FL 32784 US</b>		Mailing Address <b>361 N CENTRAL AVE UMATILLA, FL 32784 US</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
					
				04292004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-3481725</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>LAING, JUDITH P 361 N CENTRAL AVE UMATILLA, FL 32784</b>		<b>DO NOT WRITE IN THIS SPACE</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U000000152136 05/04/04-80073-021 150.00			
TITLE	D				
NAME	LAING, JOHN B				
STREET ADDRESS	361 N CENTRAL AVE				
CITY-ST-ZIP	UMATILLA, FL 32784				
TITLE	D				
NAME	LAING, JUDITH P				
STREET ADDRESS	361 N CENTRAL AVE				
CITY-ST-ZIP	UMATILLA, FL 32784				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		4-30-04 352-669-7449			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			