

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000012984

1. Entity Name
GUARDIAN ANGEL AUTO INSURANCE AGENCY, INC.



Principal Place of Business
12550 S. MILITARY TRAIL
STE 5
BOYNTON BEACH, FL 33436

Mailing Address

12550 S. MILITARY TRAIL
STE 5
BOYNTON BEACH, FL 33436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04072004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

4. FEI Number

65-0821950

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARBER, BERNARD T
110 AVOCADO ROAD
DELRAY BCH, FL 33444

7. Name and Address of New Registered Agent

Name *Bernard T. Garber*

Street Address (P.O. Box Number is Not Acceptable)

12550 S. MILITARY TRAIL #5

City *Boynton Beach* FL Zip Code *33436*

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 *Bernard T. Garber Pres*

4-7-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renatating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME GARBER, BERNARD T
STREET ADDRESS 110 AVOCADO ROAD
CITY-ST-ZIP DELRAY BCH, FL 33444

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

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: *Bernard T. Garber*

4-7-04

(561) 737-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #