

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000037686

FILED
Apr 22, 2004
Secretary of State

Entity Name: APPLE INSURANCE MALL OF CASSAT, INC.

Current Principal Place of Business:

5808-8 NORMANDY BLVD
STE 5
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

5201 PARK BLVD
PINELLAS PARK, FL 33781 US

New Mailing Address:

FEI Number: 59-3509468 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RAYMOND, J. PAUL
625 COURT STREET SUITE 200
CLEARWATER, FL 33756 US

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: C () Delete
Name: VANDER PUTTEN, LEROY A
Address: 4605 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34231

Title: CFO () Delete
Name: KAPLAN, MARK
Address: 5201 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK KAPLAN

CFO

04/22/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date