

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90001 021 ***150.00

DOCUMENT # P98000038108

1. Entity Name
FLORIDA DIRECT INSURANCE AGENCY, INC.



Principal Place of Business
**2191 TAMiami TRAIL
UNIT A
PORT CHARLOTTE, FL 33948**

Mailing Address
**2191 TAMiami TRAIL
UNIT A
PORT CHARLOTTE, FL 33948**

54056330



05172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0839784

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SEPTER, KURT R
2191 TAMiami TRAIL
UNIT A
PORT CHARLOTTE, FL 33948**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEPTER, KURT R 2196 TAMiami TRAIL PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.S. KURT R. SEPTER 2191a Tamiami Trail Port Charlotte, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

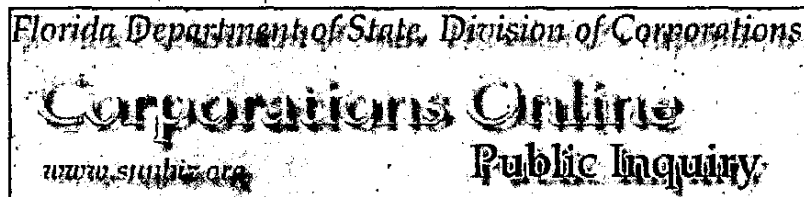
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/04
Date

941-639-9199
Daytime Phone #

P98000038108

54056330



Florida Profit

FLORIDA DIRECT INSURANCE AGENCY, INC.

PRINCIPAL ADDRESS

2191-TAMIAMI TRAIL
UNIT A
PORT CHARLOTTE FL 33948
Changed 08/29/2001

MAILING ADDRESS

2191 TAMIAMI TRAIL
UNIT A
PORT CHARLOTTE FL 33948
Changed 08/29/2001

Document Number
P98000038108

FEI Number
650839784

Date Filed
04/27/1998

State
FL

Status
ACTIVE

Effective Date
04/24/1998

Last Event
REINSTATEMENT

Event Date Filed
11/14/2002

Event Effective Date
NONE

Registered Agent

Name & Address
SEPTER, KURT R 2191 TAMIAMI TRAIL UNIT A PORT CHARLOTTE FL 33948 Address Changed: 08/29/2001

Officer/Director Detail

Name & Address	Title
SEPTER, KURT R 2196 TAMIAMI TRAIL PORT CHARLOTTE FL 33948	DP