


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000039405</b>		
1. Entity Name INSURANCE CENTER REALTY, INC.		
Principal Place of Business 101 N MISSOURI AVE STE 2 CLEARWATER, FL 33755		Mailing Address 5201 PARK BLVD PINELLAS PARK, FL 33781
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  RAYMOND, J. PAUL 625 COURT ST, SUITE 200 CLEARWATER, FL 33756		<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>		
<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</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KAPLAN, MARK 5201 PARK BLVD PINELLAS PARK, FL 33781	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VANDERPUTTEN, LEROY A 4605 S. TAMiami TRAIL SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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)(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: <u>Mark Kaplan, CFO</u> <u>MARK KAPLAN CFO</u> <u>4/22/04</u> <u>813-731-7778</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0833867

Applied For
Not Applicable

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

U000000131258  
04/26/04-80147-012 150.00

**DO NOT WRITE  
IN THIS SPACE**