2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063736

Entity Name: ALL-PRO INSURANCE ASSOCIATES INCORPORATED

FILED Jan 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

221 W. WATERS AVE., STE. B 221 WEST WATERS AVENUE TAMPA, FL 33614

SUITE B

TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

P.O. BOX 151745 TAMPA, FL 336841745

FEI Number: 59-3505457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TESTA, PHILIP J LIFSEY, STANFORD J P.A. 324 SOUTH HYDE PARK AVENUE 4726 B N LOIS AVE TAMPA, FL 33614 US SUITE 375 TAMPA, FL 33606 US

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: J. STANFORD LIFSEY 01/07/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: PRFS (X) Change () Addition

GAGNON, RONALD A Name: Name: GAGNON, RONALD A 5025 SPRINGWOOD DR 5025 SPRINGWOOD DRIVE Address: Address:

City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33624

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: RONALD A. GAGNON **PRES** 01/07/2004