

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90085 020 ***150.00

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1. Entity Name
**ARROWHEAD GENERAL INSURANCE AGENCY OF
FLORIDA, INC.**



Principal Place of Business

**402 W. BROADWAY
STE 1600
SAN DIEGO, CA 92101**

Mailing Address

**402 W. BROADWAY
STE 1600
SAN DIEGO, CA 92101**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number

33-0819329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HIQ CORPORATE SERVICES, INC.
SUITE 200, 526 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**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
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

TITLE	PD Chairman of the Board / Director
NAME	KILKENNY, PATRICK J
STREET ADDRESS	402 W BROADWAY # 1600
CITY-ST-ZIP	SAN DIEGO, CA 92101
TITLE	SD Director
NAME	HARMON, MARIANNE
STREET ADDRESS	402 W BROADWAY # 740
CITY-ST-ZIP	SAN DIEGO, CA 92101
TITLE	CFO / Treasurer
NAME	BROWN, SUE
STREET ADDRESS	402 W. BROADWAY STE 1600
CITY-ST-ZIP	SAN DIEGO, CA 92101
TITLE	President / Director
NAME	RUYAK, FRANK
STREET ADDRESS	402 W. BROADWAY STE 1600
CITY-ST-ZIP	SAN DIEGO, CA 92101
TITLE	Secretary
NAME	SCHRANER, BOB
STREET ADDRESS	402 W BROADWAY STE 1600
CITY-ST-ZIP	SAN DIEGO, CA 92101
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

1/20/04

Date

619-744-0600

Daytime Phone #