

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000094729

1. Entity Name
BUCHAN INSURANCE GROUP, INC.



Principal Place of Business
**150 SOUTHEAST 12TH STREET
SUITE 100
FT. LAUDERDALE, FL 33316**

Mailing Address
**150 SOUTHEAST 12TH STREET
SUITE 100
FT. LAUDERDALE, FL 33316**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0887941

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDREWS, JOHN S
1501 NORTHEAST FOURTH AVENUE
FT. LAUDERDALE, FL 33304**

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BUCHAN, DOUGLAS T
150 SE 12TH STREET #100
FT. LAUDERDALE, FL 33316**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
BUCHAN, MARGARET M
150 SE 12TH STREET #100
FT. LAUDERDALE, FL 33316**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/23/04-80054-003 150.00

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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)(f), 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: Douglas T. BUCHAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04 **954-582-5582**
Date Daytime Phone #