

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105257

FILED
Apr 30, 2004
Secretary of State

Entity Name: ACCESS INSURANCE CORPORATION

Current Principal Place of Business:

11 RACETRACK RD
BLDG G
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

11 RACETRACK RD
BLDG G
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 59-3559740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ROBERT L JR.
11 RACETRACK RD NE., STE G
FORT WALTON BEACH, FL 32547

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EV (X) Delete
Name: CAROLA, SIMPSON
Address: 11 RACETRACK RD BLDG G
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: EV (X) Delete
Name: BROWN, ROBERT L SR
Address: 11 RACETRACK RD BLDG G
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: P () Delete
Name: BROWN, ROBERT L JR
Address: 11 RACTRACK RD BLDG G
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VP () Delete
Name: PEEBLES, DAVID
Address: 11 RACETRACK RD
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BOB BROWN

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date