

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000028618
1. Entity Name
DEESE INSURANCE AGENCY INC.



Principal Place of Business
725 LAKE GENEVA DRIVE
SAINT AUGUSTINE, FL 32092

Mailing Address
725 LAKE GENEVA DRIVE
SAINT AUGUSTINE, FL 32092



DO NOT WRITE IN THIS SPACE

03312004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3574253

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DEESE, FRANKLIN D
725 LAKE GENEVA DRIVE
SAINT AUGUSTINE, FL 32092

**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: *Franklin D Deese* DATE: 3-30-2004

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	OPTS DEESE, FRANKLIN D 725 LAKE GENEVA DRIVE SAINT AUGUSTINE, FL 32092
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04/20/04-80050-015 150.00

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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)(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: *Franklin D Deese* DATE: 3-30-2004 DAYTIME PHONE: 904-2308952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR