2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# P99000034830

Entity Name: WILLIAMS-NUNGESSER-DROPESKI INSURANCE CONSULTANTS, INC.

Current Principal Place of Business:

680 EAU GALLIE BLVD.
MELBOURNE, FL 32935

New Principal Place of Business:

690 EAU GALLIE BLVD.
MELBOURNE, FL 32935

Current Mailing Address:

690 EAU GALLIE BLVD.
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-3569626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DROPESKI, CYNTHIA R
680 EAU GALLIE BLVD.
MELBOURNE, FL 32935

Name and Address of New Registered Agent:

DROPESKI, CYNTHIA R
690 EAU GALLIE BLVD.
MELBOURNE, FL 32935

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: _____ 04/21/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: DROPESKI, CYNTHIA R
Address: 1609 P.G.A. BLVD.
City-St-Zip: MELBOURNE, FL 32935

Title: VPD ( ) Delete
Name: NUNGESSER, GARY T
Address: 1036 SANDY LANE, N.E.
City-St-Zip: PALM BAY, FL 32905

Title: SD ( ) Delete
Name: NUNGESSER, RENE C
Address: 1036 SANDY LANE, N.E.
City-St-Zip: PALM BAY, FL 32905

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:

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: CYNTHIA R. DROPESKI PTD 04/21/2004
Electronic Signature of Signing Officer or Director — Date