


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**- Apr 29, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT #P99000036819</b> 1. Entity Name <b>M. ROWE INSURANCE GROUP, INC.</b>		
Principal Place of Business <b>378-C ENTER POINTE CIRCLE SUITE 1222 ALTAMONTE SPRINGS, FL 32701</b>	Mailing Address <b>378-C ENTER POINTE CIRCLE SUITE 1222 ALTAMONTE SPRINGS, FL 32701</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ROWE, MINNICK JR 378 CENTERPOINTE CIR 1222 ALTAMONTE SPRINGS, FL 32701</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PGM ROWE, MINNICK JR. 378 ENTER POINTE CIRCLE SUITE 1222 ALTAMONTE SPRINGS, FL 32701	
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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: <u><i>Minnick Rowe</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u><i>4-22-04</i></u> Date Daytime Phone #



04252004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3636230</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

U00000138072  
04/29/04-80085-021 150.00

**DO NOT WRITE  
IN THIS SPACE**