

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000040273

FILED
Apr 12, 2004
Secretary of State

Entity Name: INSURANCE MANAGEMENT CORPORATION OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

1850 BOY SCOUT DRIVE
SUITE A101
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60043
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 65-0918523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, JOHN J
7341 HERITAGE PALMS ESTATES DRIVE
FORT MYERS, FL 33912 US

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: P () Delete
Name: NELSON, JOHN J
Address: 7341 HERITAGE PALMS ESTATES DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: ST () Delete
Name: WEBB, ROBERT M
Address: 15 BAYWOOD COURT
City-St-Zip: FORT MYERS, FL 33919

Title: VP () Delete
Name: CHILD, BRADFORD C
Address: 3311 SE 19TH AVENUE
City-St-Zip: CAPE CORAL, FL 33904

Title: VP () Delete
Name: NELSON, JOHN M
Address: 5261 JACKSON ROAD
City-St-Zip: FORT MYERS, FL 33905

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: R. MARK WEBB

ST

04/12/2004

Electronic Signature of Signing Officer or Director

Date