


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P99000045325 |  |
| 1. Entity Name ROONEY AGENCY, INC. | |

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|---|---|
| Principal Place of Business 6202 W. CORPORATE OAKS DR CRYSTAL RIVER, FL 34429 | Mailing Address 6202 W. CORPORATE OAKS DR CRYSTAL RIVER, FL 34429 |
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DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 59-3572119 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ROONEY, NICOLE A 4586 KIRKLAND AVE. SPRING HILL, FL 34606 |
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**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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | U000000031689 02/04/04-80158-024 150.00 |
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FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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|---|---------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ROONEY, NICOLE A 4586 KIRKLAND AVE SPRING HILL, FL 34606 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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.

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| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 1-30-04 352-795-1008 <small>Date Daytime Phone #</small> |
|--|--|