P99000047794

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 SEP -8 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66432469

DOCUMENT # P99000047794

1. Entity Name
PALM INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
410 N.E. 167TH STREET N. MIAMI BEACH, FL 33162	410 N.E. 167TH STREET N. MIAMI BEACH, FL 33162

06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0928614
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COWART, LEE
401 NE 167TH STREET
MIAMI, FL 33162

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: Mliss Cowart (VP) DATE: 7/1/2004

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

7/12/04 90021 003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COWART, M'LISS
STREET ADDRESS	410 N.E. 167TH STREET
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162
TITLE	P
NAME	COWART, LEE J
STREET ADDRESS	401 NE 167TH CT
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	VP
NAME	COWART, M'LISS T
STREET ADDRESS	401 NE 167TH STREET
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: Mliss Cowart 8/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #