

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062443

FILED
Jan 12, 2004
Secretary of State

Entity Name: AMERICAN HOBBYIST INSURANCE, INC.

Current Principal Place of Business:

2501 SE AVIATION WAY, STE. H
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

2501 SE AVIATION WAY, STE. H
STUART, FL 34996

New Mailing Address:

FEI Number: 65-0944326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MARC B ESQ.
10 CENTRAL PARKWAY, STE. 400
STUART, FL 34995 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: KANYUK, THOMAS A
Address: 264 NE EDGEWATER DR #101
City-St-Zip: STUART, FL 34996

Title: V () Delete
Name: KANYUK, NANCY C
Address: 264 NE EDGEWATER DR #101
City-St-Zip: STUART, FL 34996

Title: V () Delete
Name: TROUGHT, MELISSA
Address: 2501 SE AVIATION WAY, STE. H
City-St-Zip: STUART, FL 34996

Title: ST () Delete
Name: BOOKMAN, JILL
Address: 2501 SE AVIATION WAY, STE. H
City-St-Zip: STUART, FL 34996

Title: V () Delete
Name: KANYUK, AMY
Address: 2501 SE AVIATION WAY, STE. H
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KANYUK, THOMAS A
Address: 221 NE EDGEWATER DR
City-St-Zip: STUART, FL 34996

Title: V (X) Change () Addition
Name: KANYUK, NANCY C
Address: 221 NE EDGEWATER DR
City-St-Zip: STUART, FL 34996

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: MELISSA TROUGHT

V

01/12/2004

Electronic Signature of Signing Officer or Director

Date