2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2004 8:00 am Secretary of State

1. Enlity Name SANDY GAREAU INSURANCE AGENCY, INC.				05-06-200	04 90191 036 ***	150.00	
Principal Place of Business 5141 SEMINOLE BLVD SUITE F ST PETERSBURG, FL 33708	D 5141 SEMINOLE BLVD SUITE F			ANG ER MER FOR THE TOTAL FROM THE HOLD HER BOTH THE TOTAL FROM THE FOREST CONTROL OF THE			
2. Principal Place of Business 12600 Seminole 3100 12600 Seminole Blod			-				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034 (10/03)		
City & State	City & State Largo FL		4. FEI Numbe 59-359			•	
Zip Country	Zip Country Pine 1145		<u> </u>	of Status Desired	□ \$8.75 Add	litional	
33778 Pine NaS 6. Name and Address of Current F		PINEILAS	7. Name and	Address of New R	Fee Require	a	
			exandra Gareau (P.O. Box Number is Not Acceptable) Seminole Blub R1				
City City			Largo FL Zip Code 33778				
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. Registered Registered Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.				J.00 May Be ded to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND I		TITLE	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
NAME GAREAU, ALEXANDRA STREET ADDRESS 5151 DUHME ROAD CITY-ST-ZIP ST PETERSBURG, FL 33708		NAME STREET ADDRESS 17	LGOD SE	Minale 8 FL 33-	15# duis	CAUGUION	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change .	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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 eath; 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: Capture Phone Dayline Phone							