

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000075113

Entity Name: C.A.R. INSURANCE, INC.

FILED
Feb 26, 2004
Secretary of State

Current Principal Place of Business:

21 NORTH OLD KINGS ROAD
SUITE B-108
PALM COAST, FL 32137

Current Mailing Address:

21 NORTH OLD KINGS ROAD
SUITE B-108
PALM COAST, FL 32137

New Principal Place of Business:

21 OLD KINGS ROAD, NORTH
SUITE B-108
PALM COAST, FL 32137

New Mailing Address:

21 OLD KINGS ROAD, NORTH
SUITE B-108
PALM COAST, FL 32137

FEI Number: 59-3594193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSER, ANNA
21 N PLD KINGS ROAD STE B108
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

CONSER, ANNA
21 OLD KINGS ROAD, NORTH
SUITE B-108
PALM COAST, FL 32137 US

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

02/26/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CONSER, ROBERT W
Address: 21 NORTH OLD KINGS ROAD SUITE B-108
City-St-Zip: PALM COAST, FL 32137

Title: VTD () Delete
Name: CONSER, ANNA G
Address: 21 NORTH OLD KINGS ROAD SUITE B-108
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: CONSER, ROBERT W
Address: 21 OLD KINGS ROAD, NORTH, SUITE B-108
City-St-Zip: PALM COAST, FL 32137

Title: VTD (X) Change () Addition
Name: CONSER, ANNA G
Address: 21 OLD KINGS ROAD, NORTH, SUITE B-108
City-St-Zip: PALM COAST, FL 32137

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: ANNA G CONSER

Electronic Signature of Signing Officer or Director

VTD

02/26/2004

Date