

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000077242

FILED  
Feb 10, 2004  
Secretary of State

Entity Name: BABY BOOMERS INSURANCE GROUP, INC.

**Current Principal Place of Business:**

7985 113TH ST. N.  
SUITE 112  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3600  
SEMINOLE, FL 337753600

**New Mailing Address:**

FEI Number: 59-3600164      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MALONEY, JOHN L ESQ  
3862 CENTRAL AVE.  
ST. PETERSBURG, FL 33711      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:            PSTD            ( ) Delete  
Name:            FRANKLIN, LARRY A  
Address:        5144 CENTRAL AVE.  
City-St-Zip:    ST. PETERSBURG, FL 37707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            PSTD            (X) Change ( ) Addition  
Name:            FRANKLIN, LARRY A  
Address:        7985 113TH ST. N., STE 112  
City-St-Zip:    ST. PETERSBURG, FL 33772

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: LARRY A. FRANKLIN

PRES

02/10/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date