

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90008 022 ***158.75

DOCUMENT # P99000103651 1. Entity Name INSURANCE ASSOCIATES OF DESTIN, INC.			
Principal Place of Business 1241 AIRPORT ROAD STE. H DESTIN, FL 32541		Mailing Address PO BOX 5791 DESTIN, FL 32840-5791	
2. Principal Place of Business 127 Miracle Strip Pkwy		3. Mailing Address Same	
Suite, Apt. #, etc. Suite N7		Suite, Apt. #, etc. Same	
City & State Fort Walton Beach FL		City & State Same	
Zip 32548	Country USA	Zip Same	Country USA
4. FEI Number 59-3613736		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUSTON, GARY W 125 W. ROMANA, STE. 800 PENSACOLA, FL 32501		7. Name and Address of New Registered Agent Name Michael Wm. Mead P.A. Street 24 Walter Martin Road Ste 3 City Fort Walton Beach FL Zip Code 32548	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, if it is state or federal law, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUSTON, GARY W 125 W. RAMONA, STE. 800 PENSACOLA, FL 32501 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKELVY, WILLIAM R 1241 AIRPORT ROAD, STE. H DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, MIKE 1241 AIRPORT ROAD, STE. H DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Brooks, Janice Foster <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 127 Miracle Strip Pkwy N7 Fort Walton Beach, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P Marion E Brooks 127 Miracle Strip Pkwy N7 Fort Walton Beach, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 or without the empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		07/05/04 <small>Date</small>	850-243-5604 <small>Daytime Phone #</small>

Attachments
Insurance Associates of Destin, Inc.
127 Miracle Strip Parkway, SW, Suite N-7
Fort Walton Beach, FL 32548-6614
850-243-5604

44048863

July 5, 2004

Division of Corporations
P. O. Box 6198
Tallahassee, FL 32314-6198

To Whom It May Concern:

RE: Insurance Associates of Destin, Inc.
Document #P99000103651

Enclosed please find our corporate registration form with a check for \$158.75 attached (for the registration fee and certificate of status fee). We did not receive the original notice of registration and request that the late fee be waived as this was not an intentional oversight on our part. Thank you for your consideration and efforts on our behalf.

Sincerely,



Janice Foster Brooks
Senior Vice President