

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-15-2004 90085 001 ***150.00

DOCUMENT # P99000105623

1. Entity Name
CITIFINANCIAL INSURANCE AGENCY OF FLORIDA, INC.



Principal Place of Business
307 WEST 7TH STREET
SUITE 500
FORT WORTH, TX 76102

Mailing Address
300 ST. PAUL PLACE
BSP100
BALTIMORE, MD 21202

94029400



03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2856468

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HATCH, JOHN D
840 S.E. 5TH STREET
OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME AGNELLO, RICHARD C
STREET ADDRESS 307 WEST 7TH ST
CITY - ST - ZIP FORT WORTH, TX 76102

TITLE S
NAME KATCH, JOHN D
STREET ADDRESS 840 SE ST
CITY - ST - ZIP OCALA, FL 34471

TITLE T
NAME LARKIN, PAULA D
STREET ADDRESS 307 W 7TH ST
CITY - ST - ZIP FORT WORTH, TX 76102

TITLE VAS
NAME HIGDON, M D
STREET ADDRESS 307 W 7TH ST
CITY - ST - ZIP FORT WORTH, TX 76102

TITLE AS
NAME JONES, JOHN I
STREET ADDRESS 300 ST PAUL PLACE
CITY - ST - ZIP BALTIMORE, MD 21202

TITLE D
NAME COOK, DIANE
STREET ADDRESS 307 W 7TH ST
CITY - ST - ZIP FORT WORTH, TX 76102

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 3000

John I. Jones, Asst. Sec. 3/3/04 (410)332