

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S46093**

1. Entity Name  
**MFC INSURANCE, INC. OF FLORIDA**



Principal Place of Business

**4005 MARONDA WAY  
SANFORD, FL 32771**

Mailing Address

**4005 MARONDA WAY  
SANFORD, FL 32771**



01282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3061812**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VON DREELE, WAYNE  
4005 MARONDA WAY  
SANFORD, FL 32771**

**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**

000000050663  
02/16/04-80015-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DVD
NAME	WOLF, WILLIAM J
STREET ADDRESS	202 PARK WEST DR.
CITY - ST - ZIP	PITTSBURGH, PA 15275
TITLE	DS
NAME	WOLF, RONALD W.
STREET ADDRESS	202 PARK WEST DR.
CITY - ST - ZIP	PITTSBURGH, PA 15275
TITLE	P
NAME	VON DREELE, WAYNE
STREET ADDRESS	4005 MARONDA WAY
CITY - ST - ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:**

*Ronald W. Wolf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-04

Date

Daytime Phone #