


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # S65997 | |
| 1. Entity Name ST. PETERSBURG INSURANCE AGENCY, INC. | |
|  | |
| Principal Place of Business 1128 94TH AVENUE NORTH ST. PETERSBURG, FL 33702 US | Mailing Address 1128 94TH AVENUE N. ST. PETERSBURG, FL 33702 US |



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 65-0271420 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---|

6. Name and Address of Current Registered Agent

**BENHAM, DAVID
3510 OVERLOOK DRIVE, N.E.
ST. PETERSBURG, FL 33703**

**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 registering)

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 P | NAME BENHAM, DAVID A. |
| STREET ADDRESS 3510 OVERLOOK DR. N.E. | |
| CITY-STATE-ZIP ST. PETERSBURG, FL | |
| TITLE | NAME |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | NAME |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | NAME |
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| CITY-STATE-ZIP | |
| TITLE | NAME |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

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05/04/04-B0069-012 150.00

**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

DAVID A. BENHAM 4/29/04 727-577-7724

Date

Daytime Phone #