


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # S69863 1. Entity Name CASH REGISTER AUTO INSURANCE OF COLLIER COUNTY, INC.	
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Principal Place of Business 2248 AIRPORT RD S NAPLES, FL 34112	Mailing Address 1535 NORTH MAITLAND AVENUE MAITLAND, FL 32751
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0277281	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTER, LLOYD
1535 N MAITLAND AVE.
MAITLAND, FL 32751

**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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC REGISTER, LLOYD 507 E. FORESTWOOD CT. MAITLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PACE, ERICK 1535 N MAITLAND AVE MAITLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REGISTER, LLOYD E IV 1535 N. MAITLAND AVENUE MAITLAND, FL
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01/20/04-80088-020 158.75

**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:  **1/20/04 407/260-2020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #