
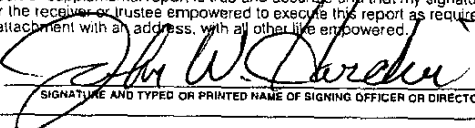


**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90445 038 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # S99277</b>			
1. Entity Name <b>FINANCE &amp; INSURANCE CONSULTANTS OF FLORIDA, INC.</b>			
Principal Place of Business <b>13004 WHISPER BAY PLACE TAMPA, FL 33624</b>		Mailing Address <b>13004 WHISPER BAY PLACE TAMPA, FL 33624</b>	
2. Principal Place of Business <b>4931 St. Croix DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>4931 St. Croix DR</b> Suite, Apt. #, etc.	
City & State <b>Tampa, FL</b> Zip <b>33629</b> Country		City & State <b>Tampa, FL</b> Zip <b>33629</b> Country	
4. FEI Number <b>65-0330037</b>		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 <b>DOMINGUEZ, J.C. 4224 W. HENDERSON BLVD. TAMPA, FL 33629</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DP HARDIN, JOHN W 4224 W. HENDERSON TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		4/29/04 813-259-2233	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	