

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jun 14, 2004 08:00 AM

Secretary of State

DOCUMENT # V63364

1. Entity Name
KAREN STOCKWELL INSURANCE AGENCY, INC.



Principal Place of Business
9934 LITTLE RD
NEW PORT RICHEY, FL 34654

Mailing Address
9934 LITTLE RD
NEW PORT RICHEY, FL 34654



06092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3149188

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

STOCKWELL, KAREN
9934 LITTLE RD
NEW PORT RICHEY, FL 34654

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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 Karen Stockwell KAREN STOCKWELL 6-9-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME STOCKWELL, KAREN
STREET ADDRESS 7872 CHERRYTREE LANE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE D
NAME STOCKWELL, VAN C.
STREET ADDRESS 7872 CHERRYTREE LANE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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06/14/04-80003-002 150.00

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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)(f), 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: Karen Stockwell KAREN STOCKWELL 6-9-04 727-861-7227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #