

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90034 021 ***150.00

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01262005 Chg-P CR2E034 (10/03)

DOCUMENT # 324732 1. Entity Name DEMETREE INSURANCE SERVICES, INC.					
Principal Place of Business 3740 BEACH BLVD STE 102 JACKSONVILLE, FL 32207			Mailing Address 3740 BEACH BLVD STE 102 JACKSONVILLE, FL 32207		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LYON, JONATHAN R. 3740 BEACH BLVD. STE 102 JACKSONVILLE, FL 32207			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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	V BENWICK, BRIAN 9455 LITA RD., W. JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 11628 Lois Cross Dr Jacksonville, FL 32258	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEMETREE, JACK C 3918 ALHAMBRA DRIVE JACKSONVILLE, FL 00000		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYON, JONATHAN R. 1837 SEA OATS DR. ATLANTIC BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PORTER, SHARON D. 1066 GLEN ECHO DR. JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Jonathan R. Lyon</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-26-05 904398-5656 Date Daytime Phone #		