2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 19, 2005 08:00 AM **DOCUMENT # 596732 Secretary of State** 1. Entity Name CAMPBELL & ROBERTS INSURANCE, INC. Principal Place of Business Mailing Address 3201 N. FEDERAL HWY. 3201 N. FEDERAL HWY. SUITE 200 SUITE 200 FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1873792 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERTS, ROBERT, V Street Address (P.O. Box Number is Not Acceptable) 3201 N. FEDERAL HWY., STE. 200 FORT LAUDERDALE FL 33306 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ST TITLE ☐ Delete HILF Change Addition U00000269833 ROBERTS, ROBERT V. NAME MAME 03/19/05-80027-004 150.00 STREET ADDRESS 3201 N FEDERAL HWY #200 STREET ADDRESS CITY ST-ZIP FORT LAUDERDALE FL 33306 CITY-ST-ZIP TITLE ☐ Delete HUE Change Addition CAMPBELL, ARTHUR NAME STREET ADDRESS 3201 N FEDERAL HWY #200 CTREET ADDRESS CITY-ST-70P FORT LAUDERDALE FL 33306 CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME ROBERTS, ROBERT V., JR. NAME STREET ADDRESS 3201 N FEDERAL HWY #200 STREET ADDRESS CITY ST-ZIP FORT LAUDERDALE FL 33306 CITY-ST-ZIP TITLE Delete DILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY SI-7IP DITY-ST-7IP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P TITLE ☐ Delete TITLE Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHIY-ST-78 12. I hereby cettify 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

FILED

SIGNATURE: 3-17-05 954-561-2220