2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005
Secretary of State

DOCUMENT# P02000105438

Entity Name: CAR INSURANCE. COM, INC.

Current Principal Place of Business:

1535 MAITLAND AVE
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

1535 MAITLAND AVE
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 30-0115459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BERMAN, JED
180 S KNOWLES AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REGISTER, IV, LLOYD E
Address: 1535 N. MAITLAND AVE.
City-St-Zip: MAITLAND, FL 32751

Title: VP ( ) Delete
Name: REGISTER, III, LLOYD E
Address: 1535 N. MAITLAND AVE.
City-St-Zip: MAITLAND, FL 32751

Title: VPT ( ) Delete
Name: HOROWITZ, RANDY
Address: 1535 N. MAITLAND AVE.
City-St-Zip: MAITLAND, FL 32751

Title: VPS ( ) Delete
Name: PACE, ERICK
Address: 1535 N. MAITLAND AVE.
City-St-Zip: MAITLAND, FL 32751

Title: VP ( ) Delete
Name: REGISTER, TIMOTHY Z
Address: 1535 N. MAITLAND AVE.
City-St-Zip: MAITLAND, FL 32751

Title: VP ( ) Delete
Name: FITZGERALD, DAVID
Address: 1535 N. MAITLAND AVE.
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDY HOROWITZ VPT 04/08/2005

Electronic Signature of Signing Officer or Director Date