## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P03000008688** 04-29-2005 90244 008 \*\*\*150.00 INSURANCE, INVESTMENTS & MORE, INCORPORATED Principal Place of Business Mailing Address 4301 OAK CIRCLE 5356 LAKE OSBORNE DRIVE LAKE WORTH, FL 33461 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 04222005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 01-0764504 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Silver Lawrence Bi SILVER, JANIS E Street Address (P.O. Box Number is Not Acceptable) 5356 LAKE OSBORNE DRIVE LAKE WORTH, FL 33461 5356 Lake Osborne Drive City Lake Worth 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. Bril 28,2003 Lawrence B. Silver Lurence 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Defete TITLE Change Addition TITLE NAME SILVER, LAWRENCE B NAME 5356 LAKE OSBORNE DRIVE STREET ADDRESS STREET ADDRESS LAKE WORTH, FL. 33461 CITY-ST-ZIP CITY-ST-ZIP VPS TITLE ☐ Delete TITLE ☐ Addition SILVER, JANIS E NAME NAME STREET ADDRESS 5356 LAKE OSBORNE DRIVE STREET ADDRESS LAKE WORTH, FL 33461 CITY-ST-77P CITY-ST-ZIP TILE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7EP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the Information supplied with this filling 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 in changed, or on an attachment with an address, with all giber like empowered. 561-368 Lawrence B. Silver

**FILED** 

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