

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030573

FILED
Feb 09, 2005
Secretary of State

Entity Name: MARION FAZIO INSURANCE AGENCY, INC.

Current Principal Place of Business:

900 LINTON BLVD SUITE 104
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

900 LINTON BLVD SUITE 104
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 02-0682981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUDEN, JAMES L ESQ.
370 W. CAMINO GARDENS BLVD., SUITE 210
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

PRUDEN, JAMES L ESQ.
980 NORTH FEDERAL HWY
STE 404
BOCA RATON, FL 33432 US

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

02/09/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FAZIO, MARION
Address: 900 LINTON BLVD SUITE 104
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARION FAZIO

Electronic Signature of Signing Officer or Director

PRES

02/09/2005

Date