2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State
01-26-2005 90012 004 ***150.00

DOCUMENT # P03000123081

1. Entity Name
ADVANCED INSURANCE COVERAGES, INC.

Principal Place of Business	Mailing Address
455 FAIRWAY DRIVE SUITE 102 DEERFIELD BEACH, FL 33441-1804	455 FAIRWAY DRIVE SUITE 102 DEERFIELD BEACH, FL 33441-1804

400006J7

01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0359075
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GERALD, PAMELA B
455 FAIRWAY DRIVE
SUITE 102
DEERFIELD BEACH, FL 33441-1804

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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 _____ DATE
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
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

TITLE	PD
NAME	LUND, CURTIS
STREET ADDRESS	555 CORPORATE DR
CITY-ST-ZIP	KALISPELL, MT 59901
TITLE	VD
NAME	JONES, P. MICHAEL
STREET ADDRESS	555 CORPORATE DR
CITY-ST-ZIP	KALISPELL, MT 59901
TITLE	VD
NAME	JOHNSTON, THERESA
STREET ADDRESS	555 CORPORATE DR
CITY-ST-ZIP	KALISPELL, MT 59901
TITLE	STD
NAME	SATHER, ELAINE
STREET ADDRESS	555 CORPORATE DR
CITY-ST-ZIP	KALISPELL, MT 59901
TITLE	VD
NAME	GERALD, PAMELA B
STREET ADDRESS	455 FAIRWAY DRIVE, SUITE 102
CITY-ST-ZIP	DEERFIELD BEACH, FL 334411804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Pamela Gerald - Pamela Gerald 1/7/05 954-420-5860 x23
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #