2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State
02-04-2005 90053 049 ***150.00

DOCUMENT # P92000004883

1. Entity Name
FLORIDA MUTUAL INSURANCE AGENCY INC.

Principal Place of Business	Mailing Address
416 EAST SAMPLE ROAD POMPANO BEACH FL 33064	416 EAST SAMPLE ROAD POMPANO BEACH FL 33064

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
2201 N. Sample Rd		2201 W. Sample Rd	
Suite, Apt. #, etc. B-6 Suite 4A		Suite, Apt. #, etc. B-6 Suite 4A	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33073	Country Broward	Zip 33073	Country Broward

4. FEI Number 65-0365698 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARDARELLI, PATRICK
416 E SAMPLE ROAD
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name PATRICK CARDARELLI
Street Address (P.O. Box Number is Not Acceptable) 2201 W. SAMPLE Rd B-6 STE 4A
City Pompano Beach FL Zip Code 33073

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] 1-31-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARDARELLI, PATRICK 416 E SAMPLE ROAD POMPANO BEACH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. CARDARELLI, PATRICK 2201 W. Sample Rd B-6 Ste 4A Pompano Bch, FL 33073	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 1-31-05 954-978-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #