2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

HIGHATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 17, 2005 08:00 AM
Secretary of State

| DOCUMENT # P93000010904 1. Enlity Name DAVID ANTHONY INSURANCE AGENCY, INC. | | | | | 5 | ecreta | ily ol Sta |
|---|---|---|---------|------------------------------------|---------------------------------------|------------------------|--|
| Principal Place 12220 TOWI SUITE 60 FT MYERS, F | - SÚÎTE 6 | TOWNE LAKE DR | | | | | |
| DO NOT WRITE IN THIS SPACE | | | CE | 01192005 4. FEI Numbi 65-039 | No Chg-P | CR2E034 | |
| FT MYERS | , DAVID A WNE LAKE DR S, FL 33913 | | | IN 7 | NOT W | ACE | |
| 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, typed or printed name of registered agent and title it applicable (NOTE. Registered Agent signature required when reinstating) DATE | | | | | | | |
| After M | | Election Campaign Finar Trust Fund Contribution. | | .00 May Be ed to Fees | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD IANNONE, DAVID A 12220 TOWNE LAKE DRIVE, SUITE 60 FT MYERS, FL | | | | 0000 03/17/0 | 10026870: 15-80039: | 1 -016 150.00 |
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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)(1), 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. | | | | | | | |