

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057116

FILED
Apr 30, 2005
Secretary of State

Entity Name: CF INSURANCE SERVICES, INC.

Current Principal Place of Business:

218 SOUTH LAKE AVENUE
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1189
APOPKA, FL 32704 US

New Mailing Address:

FEI Number: 59-3260662 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DECLUE, LESTER
13724 COUNTRY CLUB DR
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DECLUE, LESTER
Address: 13724 COUNTRY CLUB DR
City-St-Zip: TAVARES, FL 32778

Title: SD () Delete
Name: DECLUE, CHRISTOPHER
Address: 218 SOUTH LAKE AVENUE
City-St-Zip: APOPKA, FL 32703

Title: TD () Delete
Name: ST GERMAIN, MELINDA
Address: 3408 KILMARNOCK DR
City-St-Zip: APOPKA, FL 32712

Title: VD () Delete
Name: DECLUE, SUE ANN
Address: 13724 COUNTRY CLUB DR
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: DECLUE, JONATHAN
Address: 218 SOUTH LAKE AVENUE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: DECLUE, MATTHEW
Address: 218 SOUTH LAKE AVENUE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LESTER DECLUE

PD

04/30/2005

Electronic Signature of Signing Officer or Director

_____ Date