

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90003 006 ***150.00

DOCUMENT # 161958

1. Entity Name

GEORGE INSURANCE AGENCY, INC.



Principal Place of Business

8181 NW 154 ST
120
MIAMI LAKES FL 33016
US

Mailing Address

1361 NE 104 ST
MIAMI SHORES FL 33138
US

2. Principal Place of Business

3. Mailing Address

19626 STAR ISLAND DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BOCA RATON, FL

4. FEI Number 59-0620318

Applied For
Not Applicable

Zip

Country

Zip

Country

33498

PALM BEACH

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAEMPFER, ROBERT J
1361 NE 104 ST
MIAMI SHORES FL 33138

Name

Street Address (P.O. Box Number is Not Acceptable)

19626 STAR ISLAND DR.

City BOCA RATON

FL

Zip Code 33498

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

Robert J Kaempfer
Signature, typed or printed name of registered agent and title if applicable.

ROBERT J. KAEMPFER

4/5/04
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 P ☐ Delete
NAME KAEMPFER, ROBERT
STREET ADDRESS 1361 NE 104 ST
CITY-ST-ZIP MIAMI SHORES FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 19626 STAR ISLAND DRIVE
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert J Kaempfer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/5/04

Daytime Phone #

561 477-1642