



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 161958</b> 1. Entity Name <b>GEORGE INSURANCE AGENCY, INC.</b>			
Principal Place of Business <b>8181 NW 154 ST 120 MIAMI LAKES, FL 33016 US</b>		Mailing Address <b>19626 STAR ISLAND BOCA RATON, FL 33498 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03092005 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-0620318</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KAEMPFER, ROBERT J 19636 STAR ISLAND DR BOCA RATON, FL 33498</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KAEMPFER, ROBERT 19626 STAR ISLAND DRIVE BOCA RATON, FL 33498	<b>DO NOT WRITE IN THIS SPACE</b>	
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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)(f), 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: <u>Robert J Kaempfer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		ROBERT J KAEMPFER 4/11/05 561-477-1642 Date Daytime Phone #	