


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90022 015 ***150.00

DOCUMENT # 293182 1. Entity Name FLORIDA COMBINED INSURANCE AGENCY, INC.					
Principal Place of Business 5011 GATE PARKWAY, BLDG 200, SUITE 400 JACKSONVILLE, FL 32256			Mailing Address 5011 GATE PARKWAY, BLDG 200, SUITE 400 JACKSONVILLE, FL 32256		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1098056	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HORNE, SUZANNE 4800 DEERWOOD CAMPUS PKWY BUILDING 100-7 JACKSONVILLE, FL 32246				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BENEVENTO, BARBARA G 4472 BAY HARBOUR JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DOERR, ROBERT CHRIS 8031 ACORN RIDGE ROAD JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PALLAIS, ROBERT A. 12460 LYDIA WOODS COURT JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHMIDT, TERRI A 244 ROYAL TERN ROAD NORTH PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANTHAM, JOSEPH L 6497 RIVER POINT DR GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURWELL, BETH B 4441 WORTH DRIVE EAST JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____			Robert A. Pallais		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/9/05 Daytime Phone # (904) 828-7850		

50016937



ATTACHMENT
#293182
50016937
Division of Corporations

Attachment to Annual Report

Document Number
293182

Additional Offices/Directors below

Name and Title	LUFRANO, ROBERT I, DIRECTOR
Address 1	8113 MIDDLE FORK WAY
Address 2	
City, State Zip	JACKSONVILLE, FL 32256

Name and Title	JOSEPH, CHARLES S, DIRECTOR
Address 1	8062 GREEN GLADE ROAD
Address 2	
City, State Zip	JACKSONVILLE, FL 32256

Name and Title	HORNE, SUZANNE, SECRETARY
Address 1	12876 PLUMMER GRANT ROAD
Address 2	
City, State Zip	JACKSONVILLE, FL 32258