2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# 304036

Entity Name: ROGER BOUCHARD INSURANCE, INC.

Current Principal Place of Business:

101 STARCREST DRIVE
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 6090
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 59-1117778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOUCHARD, RICHARD E
1350 SAGO CT
DUNEDIN, FL 34698 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: EVP ( ) Delete
Name: CARUOLO, GARY S
Address: 1026 IDLEWILD DR N
City-St-Zip: DUNEDIN, FL 34698

Title: EVP ( ) Delete
Name: MOORE, DELORES B
Address: 30 TURNER ST #708
City-St-Zip: CLEARWATER, FL 33756

Title: COO ( ) Delete
Name: BOUCHARD, TIM A
Address: 977 PT SEASIDE DR
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: P ( ) Delete
Name: BOUCHARD, JOHN R
Address: 1962 DOWNING PL
City-St-Zip: PALM HARBOR, FL 34683

Title: EVP ( ) Delete
Name: HAMBY, MICHAEL D
Address: 2098 ASHBURY DR
City-St-Zip: CLEARWATER, FL 33764

Title: VP ( ) Delete
Name: MOORE, ROBERT T
Address: 1778 ARBOR DR S
City-St-Zip: PALM HARBOR, FL 34683

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
Name:
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: GARY S. CARUOLO EVP 04/18/2005

Electronic Signature of Signing Officer or Director Date