


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90280 016 ***150.00

DOCUMENT # 325928	
1. Entity Name RUSS JORDAN INSURANCE AGENCY INC.	

Principal Place of Business 49 EAST AVENUE NORTH SARASOTA, FL 34237 US	Mailing Address PO BOX 4009 SARASOTA, FL 34230 US
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50023135

2. Principal Place of Business 3827 Tangier Terrace Suite, Apt. #, etc.	3. Mailing Address 3827 Tangier Terrace Suite, Apt. #, etc.
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02282005 Chg-P CR2E034 (10/03)

City & State Sarasota, Florida	City & State Sarasota, Florida
Zip 34239	Country USA

4. FEI Number 59-1212445	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JORDAN, RUSSELL, C., JR 49 EAST AVE. NORTH SARASOTA, FL 34237 THIS IS AN ADDRESS CHANGE ONLY	7. Name and Address of New Registered Agent Name: RUSSELL C. JORDAN, JR. Street Address (P.O. Box Number is Not Acceptable) 3827 Tangier Terrace City: Sarasota FL Zip Code: 34239
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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: <i>Russell Jordan</i> Signature, typed or printed name of registered agent and title if applicable.	DATE: 3/1/05 (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JORDAN, RUSSELL C JR 49 EAST AVENUE N. SARASOTA, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JORDAN, RUSSELL C., JR 3827 Tangier Terrace Sarasota, Florida 34239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JORDAN, GREGORY K 49 EAST AVENUE N SARASOTA, FL <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	VD JORDAN, JUDITH, J 49 EAST AVE., N SARASOTA, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JORDAN, JUDITH J. 3827 Tangier Terrace Sarasota, Florida 34239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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: <i>Russell Jordan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RUSSELL C JORDAN, JR., As President	Date: 3/1/05 (941)955-6720 Daytime Phone #