

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 480260

FILED  
Aug 03, 2005  
Secretary of State

**Entity Name:** THE UNINSURED RELATIVE WORKSHOP, INC.

**Current Principal Place of Business:**

1645 NORTH LEXINGTON AVENUE  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

1645 NORTH LEXINGTON AVENUE  
DELAND, FL 32724

**New Mailing Address:**

**FEI Number:** 59-1648274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOOTH, WILLIAM R.  
2217 EAST NEW YORK AVENUE  
DELAND, FL 32724 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOOTH, WILLIAM R.,  
Address: 2217 E. NEW YORK AVENUE  
City-St-Zip: DELAND, FL

Title: ST ( ) Delete  
Name: TOSH, LYNN M  
Address: 2529 EUSTACE AVE  
City-St-Zip: DELTONA, FL 32725

Title: GMGR ( ) Delete  
Name: DIERLEIN, GARY  
Address: 1016 STAGGER BUSH PLACE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**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:

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: LYNN M. TOSH

ST

08/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date