

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90080 033 ***150.00

| | | | |
|---|---|--|---|
| DOCUMENT # 498502 1. Entity Name FLORIDA INSURANCE ASSOCIATES, INC. | | | |
| Principal Place of Business 561 LAKE DASHA CIRCLE PLANTATION FL 33324 US | | Mailing Address 561 LAKE DASHA CIRCLE PLANTATION FL 33324 US | |
| 2. Principal Place of Business 440 NW 97 Ave | | 3. Mailing Address 440 NW 97 Ave | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Plantation, FL | | City & State Plantation, FL | |
| Zip 33324 | | Zip 33324 | |
| Country Broward | | Country Broward | |
| 6. Name and Address of Current Registered Agent WILLIAMS, ROBERT E 6002 NW 74TH TERR POMPANO BEACH FL 33067 | | | |
| 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 PRESIDENT 2-22-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 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 | P WILLIAMS, SR, ROBERT E 6002 NW 74TH TERR PARKLAND FL 33067 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(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 E. Williams | | 2-22-05 954-461-4222 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |

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