

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 503792

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: INSURE-ALL OF FLORIDA, INC.

## Current Principal Place of Business:

1200 WESTON ROAD  
3RD FLOOR  
WESTON, FL 33326

## New Principal Place of Business:

2731 EXECUTIVE PARK DRIVE  
SUITE 8  
WESTON, FL 33331

## Current Mailing Address:

1200 WESTON ROAD  
3RD FLOOR  
WESTON, FL 33326

## New Mailing Address:

2731 EXECUTIVE PARK DRIVE  
SUITE 8  
WESTON, FL 33331

FEI Number: 59-1704338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLAWSON, PATRICK D.  
19 BAY HARBOR ROAD  
TEQUESTA, FL 33469 US

## Name and Address of New Registered Agent:

CLAWSON, PATRICK D.  
5860 NW 99TH AVENUE  
PARKLAND, FL 33076 US

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: PATRICK D CLAWSON

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: CLAWSON, EARLE H  
Address: 12800 SW 33RD DRIVE  
City-St-Zip: DAVIE, FL 33330

Title: VPD ( ) Delete  
Name: CLAWSON, PATRICK D.,  
Address: 3502 DERBY LN  
City-St-Zip: WESTON, FL 33331

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: CLAWSON, PATRICK D.,  
Address: 5860 NW 99TH AVENUE  
City-St-Zip: WESTON, FL 33076

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: PATRICK D CLAWSON

VPD

04/26/2005

Electronic Signature of Signing Officer or Director

Date