

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 579031

1. Entity Name
INSURADYNE CORP.



Principal Place of Business
**755 RINEHART ROAD
P.O. BOX 958402
LAKE MARY, FL 32795-5402**

Mailing Address
**755 RINEHART ROAD
P.O. BOX 958402
LAKE MARY, FL 32795-5402**



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0761784

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SILL, STEPHEN M
755 RINEHART RD
LAKE MARY, FL 32746**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	QUIST, GEORGE R
STREET ADDRESS	4491 WANDER LANE
CITY-ST-ZIP	SALT LAKE CITY, UT 84117
TITLE	TV
NAME	SILL, STEPHEN M
STREET ADDRESS	5300 S. 360 W. - SUITE 200
CITY-ST-ZIP	SALT LAKE CITY, UT 84123
TITLE	PD
NAME	QUIST, SCOTT M
STREET ADDRESS	7 WANDERWOOD WAY
CITY-ST-ZIP	SANDY, UT 84092
TITLE	D
NAME	CRITTENDEN, CHARLES
STREET ADDRESS	2334 FILMORE AVE
CITY-ST-ZIP	OGDEN, UT 84401
TITLE	D
NAME	MOODY, HOWARD C
STREET ADDRESS	1782 E FAUNSDALE DR
CITY-ST-ZIP	SANDY, UT 84092
TITLE	VSD
NAME	QUIST, G. ROBERT
STREET ADDRESS	5300 S. 360 W. - SUITE 200
CITY-ST-ZIP	SALT LAKE CITY, UT 84123

U00000321701
04/21/05-80087-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #