

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 592567

FILED
Apr 18, 2005
Secretary of State

Entity Name: J. AND M. HENTZEL INSURANCE, INC.

Current Principal Place of Business:

595 NORTH NOVA ROAD
SUITE 109 E& F
ORMOND BEACH, FL 32174

New Principal Place of Business:

595 NORTH NOVA ROAD
SUITE 109 E
ORMOND BEACH, FL 32174

Current Mailing Address:

7 TWELVE OAKS TRAIL
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-1848723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENTZEL, JAMES P
7 TWELVE OAKS TRAIL
ORMOND BEACH, FL 32174 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HENTZEL, JAMES P
Address: 7 TWELVE OAKS TRAIL
City-St-Zip: ORMOND BCH, FL 32174

Title: ST () Delete
Name: HENTZEL, SHERRY
Address: 7 TWELVE OAKS TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Delete
Name: HENTZEL, KATHRYN E
Address: 7 TWELVE OAKS TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

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: SHERRY HENTZEL

ST

04/18/2005

Electronic Signature of Signing Officer or Director

_____ Date