

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 609477

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: MERRIAM - CALLAHAN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

202 N ETHERIDGE ST  
BONIFAY, FL 32425 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 425  
BONIFAY, FL 32425

**New Mailing Address:**

FEI Number: 59-1907591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAKE, ROY A.  
112 W. VIRGINIA AVE.  
BONIFAY, FL 32425 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: VP ( ) Delete  
Name: CALLAHAN, MEDEA,  
Address: 1966 COUNTRY CLUB DRIVE  
City-St-Zip: BONIFAY, FL 32425

Title: PRES ( ) Delete  
Name: CALLAHAN, RICKEY,  
Address: 1966 COUNTRY CLUB DRIVE  
City-St-Zip: BONIFAY, FL 32425

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: RICKEY D. CALLAHAN

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date