

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90696 033 ***158.75

DOCUMENT # 638316

1. Entity Name
FAMILY SECURITY INSURANCE SERVICES, INC.



Principal Place of Business
**23123 STATE RD. 7, STE. 330
BOCA RATON, FL 33428**

Mailing Address
**23123 STATE RD. 7, STE. 330
BOCA RATON, FL 33428**



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2031627

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JAFFEE, SIMON S.
10263 BOCA WOODS LANE
BOCA RATON, FL 33428**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JAFFEE, SIMON S.
STREET ADDRESS	10263 BOCA WOODS LANE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VD
NAME	JAFFEE, PHILIP C.
STREET ADDRESS	10263 BOCA WOODS LANE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	S
NAME	JAFFEE, BEATRICE
STREET ADDRESS	10263 BOCA WOODS LANE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	AVP
NAME	DEBENEDETTO, ROBERT
STREET ADDRESS	420 NW 97TH AVE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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, I am empowered.

SIGNATURE: **Simon S. Jaffee** **4/26/04** **(561) 883-5274**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #