

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 667641

FILED
Jan 03, 2005
Secretary of State

Entity Name: ED SAKSON INSURANCE AGENCY, INC.

Current Principal Place of Business:

8983 OKEECHOBEE BLVD
#214
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

8983 OKEECHOBEE BLVD
#214
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 59-2000674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAKSON, EDWARD M.
8983 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

SAKSON, EDWARD M.
8983 OKEECHOBEE BLVD
#214
WEST PALM BEACH, FL 33411 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:

01/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: SAKSON, EDWARD M.,
Address: 8983 OKEECHOBEE BLVD, #214
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VD () Delete
Name: SAKSON, EDWARD M.,
Address: 8983 OKEECHOBEE BLVD, #214
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SAKSON, EDWARD M.,
Address: 8983 OKEECHOBEE BLVD, #214
City-St-Zip: WEST PALM BEACH, FL 33411

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: EDWARD M. SAKSON

PRES

01/03/2005

Electronic Signature of Signing Officer or Director

Date