


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # 686531 1. Entity Name THOMAS E. CORKHILL INSURANCE AGENCY INC.	
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Principal Place of Business 9718 KILGORE RD ORLANDO, FL 32836	Mailing Address 9718 KILGORE RD ORLANDO, FL 32836 US
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03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2031098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORKHILL, THOMAS E. 9718 KILGORE RD ORLANDO, FL 32836
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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.

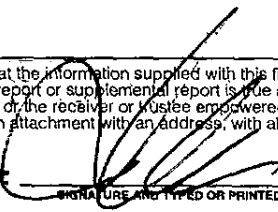
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CORKHILL, LINDA J 9718 KILGORE ROAD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CORKHILL, THOMAS E 9718 KILGORE ROAD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUSS, CAROL C. 381 N. SHADOWBAY BLVD. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>UD0000292996 04/08/05-80011-009 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  THOMAS E. CORKHILL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-605 407-876 2464 <small>Date Daytime Phone #</small>
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