



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90117 021 \*\*\*\*61.25

<b>DOCUMENT # 768830</b>					
1. Entity Name INDEPENDENT INSURANCE AGENTS OF TALLAHASSEE, INC.					
Principal Place of Business 719 EAST PARK AVE TALLAHASSEE, FL 32301 US			Mailing Address 719 EAST PARK AVE TALLAHASSEE, FL 32301 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPITZER, HURT 719 EAST PARK AVE TALLAHASSEE, FL 32301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ED	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPITZER, KURT		NAME		
STREET ADDRESS	719 EAST PARK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL, DAVID		NAME		
STREET ADDRESS	2400 NEHAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTHSTROM, SCOTT		NAME	BILL BROWN	
STREET ADDRESS	1113 E. TENNESSEE		STREET ADDRESS	3606 MACLAY BLVD SOUTH	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMALL, JOANNE		NAME	JEFF MOTT	
STREET ADDRESS	7 HICKORY AVENUE		STREET ADDRESS	240 N. MAGNOLIA DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADSEN, VAN		NAME	STEVE McCLELLAND	
STREET ADDRESS	2400 MAHAN DRIVE		STREET ADDRESS	108 E. WASHINGTON STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	MONTICELLO, FL 32344	
TITLE	PE	<input checked="" type="checkbox"/> Delete	TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOTT, JEFF		NAME	VAN MADSEN	
STREET ADDRESS	240 N MAGNOLIA DR		STREET ADDRESS	1602 WEST PLAZA DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	TALLAHASSEE, FL 32308	
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with or other like empowered.					
SIGNATURE: 		KURT SPITZER		3/14/05 850-561-0904	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

50026379



03072005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2357439 Applied For Not Applicable

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

FL Zip Code

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED	<input type="checkbox"/> Delete
NAME	SPITZER, KURT	
STREET ADDRESS	719 EAST PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWELL, DAVID	
STREET ADDRESS	2400 NEHAN DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUTHSTROM, SCOTT	
STREET ADDRESS	1113 E. TENNESSEE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SMALL, JOANNE	
STREET ADDRESS	7 HICKORY AVENUE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MADSEN, VAN	
STREET ADDRESS	2400 MAHAN DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	PE	<input checked="" type="checkbox"/> Delete
NAME	MOTT, JEFF	
STREET ADDRESS	240 N MAGNOLIA DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL BROWN	
STREET ADDRESS	3606 MACLAY BLVD SOUTH	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF MOTT	
STREET ADDRESS	240 N. MAGNOLIA DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE McCLELLAND	
STREET ADDRESS	108 E. WASHINGTON STREET	
CITY-ST-ZIP	MONTICELLO, FL 32344	
TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN MADSEN	
STREET ADDRESS	1602 WEST PLAZA DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with or other like empowered.

SIGNATURE:  KURT SPITZER 3/14/05 850-561-0904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #