

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003224

FILED  
Jan 28, 2005  
Secretary of State

**Entity Name:** PETER C. FOY & ASSOCIATES INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

21650 OXNARD STREET SUITE 1900  
WOODLAND HILLS, CA 91367

**New Principal Place of Business:**

**Current Mailing Address:**

21650 OXNARD STREET SUITE 1900  
WOODLAND HILLS, CA 91367

**New Mailing Address:**

**FEI Number:** 95-4281021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HIQ CORPORATE SERVICES, INC.  
526 E. PARK AVENUE, S-200  
TALLAHASSEE, FL 32301 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: CPST ( ) Delete  
Name: FOY, PETER C  
Address: 21700 OXNARD STREET, SUITE 1700  
City-St-Zip: WOODLAND HILLS, CA 91367

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

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: PETER C. FOY

CPST

01/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date