

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90035 016 ***150.00

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1. Entity Name

VANGUARD AMERICA INSURANCE MARKETING CO.



Principal Place of Business

401 HARRISON OAKS BLVD., SUITE 210
CARY NC 27513

Mailing Address

401 HARRISON OAKS BLVD., SUITE 210
CARY NC 27513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1132090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, PAUL
4738 OLD FARM ROAD
SARASOTA FL 34223

7. Name and Address of New Registered Agent

Name

DAVID TOALE

Street Address (P.O. Box Number is Not Acceptable)

40 NORTH ORANGE AVE

City

SARASOTA

FL

Zip Code

34236

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

DAVID V. TOALE, V.P. 04-04-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDS ☐ Delete
NAME CREEDY, ALAN D
STREET ADDRESS 401 HARRISON OAKS BLVD., SUITE 210
CITY-ST-ZIP CARY NC 27513

TITLE VDS ☒ Delete
NAME MCCRAY, SCOTT R
STREET ADDRESS 401 HARRISON OAKS BLVD., SUITE 210
CITY-ST-ZIP CARY NC 27513

TITLE VDS ☐ Delete
NAME TOALE, DAVID V
STREET ADDRESS 401 HARRISON OAKS BLVD., SUITE 210
CITY-ST-ZIP CARY NC 27513

TITLE VDS ☒ Delete
NAME WHITE, PAUL E
STREET ADDRESS 401 HARRISON OAKS BLVD., SUITE 210
CITY-ST-ZIP CARY NC 27513

TITLE STDS ☐ Delete
NAME WILL, JAMES H
STREET ADDRESS 401 HARRISON OAKS BLVD., SUITE 210
CITY-ST-ZIP CARY NC 27513

TITLE S ☐ Delete
NAME WYNNE, ROBERT W
STREET ADDRESS 401 HARRISON OAKS BLVD., SUITE 210
CITY-ST-ZIP CARY NC 27513

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

Daniel Camp DANIEL CAMP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/05

919-678-8393

Date

Daytime Phone #