

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # F59182 1. Entity Name CHAMPIONS INSURANCE AGENCY, INC.	
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Principal Place of Business 13101 LINDEN PL. DR. SEMINOLE, FL 33776 US	Mailing Address 13799 PARK BLVD. N. PMB #256 SEMINOLE, FL 33776 US
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DO NOT WRITE IN THIS SPACE



04092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2159602	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

ROWAN, JAMES J.
3839 4TH ST. NORTH
STE 390
SAINT PETERSBURG, FL 33703

**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	PD GALEA, GEORGE W. 13101 LINDEN PLACE DR SEMINOLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRIO, ANN 10973 108 ST. LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GALEA, MARY L 13101 LINDEN PLACE DR SEMINOLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/05-80056-004 150.00

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IN THIS SPACE**

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: Mary L. Galea 4/16/05 727-517-8620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #