
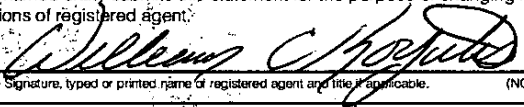


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90055 040 \*\*\*150.00

<b>DOCUMENT # F63419</b>			
1. Entity Name <b>KOYUTIS INSURANCE AGENCY, INC.</b>			
Principal Place of Business <b>5501 BATES STREET SEMINOLE, FL 33772 US</b>		Mailing Address <b>5501 BATES STREET SEMINOLE, FL 33772 US</b>	
2. Principal Place of Business <b>8094 COTTONWOOD CT.</b>		3. Mailing Address <b>8094 COTTONWOOD CT.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>SEMINOLE FL.</b>		City & State <b>SEMINOLE FL.</b>	
Zip <b>33776</b>		Country <b>USA</b>	
4. FEI Number <b>59-2145902</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>WILLIAM C. KOYUTIS 5501 BATES STREET SEMINOLE, FL 33772</b>		7. Name and Address of New Registered Agent Name <b>WILLIAM C. KOYUTIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>8094 COTTONWOOD CT.</b> City <b>SEMINOLE</b> FL Zip Code <b>33776</b>	
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  DATE <b>18 Jan 2005</b> <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KOYUTIS, WILLIAM C 5501 BATES STREET SEMINOLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8094 COTTONWOOD CT. SEMINOLE FL 33776</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KOYUTIS, BARBARA L 5501 BATES STREET SEMINOLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8094 COTTONWOOD CT. SEMINOLE FL 33776</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, KIRSTEN 8095 WILLOW COURT SEMINOLE, FL 33776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**  **WILLIAM C. KOYUTIS** **18 Jan 2005** **3975903**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #