2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State
01-12-2005 90003 033 ***150.00

DOCUMENT # F97982

1. Entity Name
JOHN W. DISMUKE INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
1881 NE 26TH STREET STE 20 ~~BOX ALL~~ FORT LAUDERDALE, FL 33305	1881 NE 26TH STREET STE 20 ~~BOX ALL~~ FORT LAUDERDALE, FL 33305

01102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1881 N.E. 26th Street		1881 NE 26th Street	
Suite, Apt. #, etc.: Ste 20		Suite, Apt. #, etc.: Ste 20	
City & State: Fort Lauderdale, Fl		City & State: Ftlauderdale, Fl	
Zip: 33305	Country: USA.	Zip: 33305	Country: USA

4. FEI Number: 59-2214530 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DISMUKE, JOHN W. 1881 NE 26TH ST FORT LAUDERDALE, FL 33305	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 [signature] 1-10-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DISMUKE, JOHN W 1881 NE 26TH STREET FORT LAUDERDALE, FL 33305	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 1/10/05 (954) 566-7825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #