

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-27-2005 90050 035 \*\*\*150.00

**DOCUMENT # G42910**

1. Entity Name  
**FEDERAL AUTO INS, INC.**



Principal Place of Business  
**3564 SO. MILITARY TRAIL  
LAKE WORTH, FL 33463**

Mailing Address  
**3564 SO. MILITARY TRAIL  
LAKE WORTH, FL 33463**

**50058066**



2. Principal Place of Business

**1661 SOUTH PENWICK AVE**

3. Mailing Address

Suite, Apt. #, etc.

07222005

Chg-P

CR2E034 (10/03)

City & State

**WPA FL**

City & State

Suite, Apt. #, etc.

4. FEI Number

**59-2310568**

Applied For

Not Applicable

Zip

**33406**

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VOGEL, HOWARD  
3564 S MILITARY TRAIL  
LAKE WORTH, FL 33463**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

**1661 S PENWICK AVE**

City **WPA**

**FL**

Zip Code

**33406**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/21/05**

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **MAFFEO, NANEE**  
STREET ADDRESS **3564 S. MILITARY TRAIL**  
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☒ Change ☐ Addition  
NAME **HOWARD I VOGEL**  
STREET ADDRESS **1661 S PENWICK AVE**  
CITY-ST-ZIP **WPA FL 33406**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*[Signature]*

**HOWARD I VOGEL 7/21/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**561 968 2000**