


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90028 039 ***150.00

DOCUMENT # G95415					
1. Entity Name JENNINGS & ASSOCIATES INSURANCE, INC.					
Principal Place of Business 308 ELIZABETH ST. P O BOX 2810 BRANDON, FL 33509-9810			Mailing Address 308 ELIZABETH ST. P O BOX 2810 BRANDON, FL 33509-9810		
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 59-2397145	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

40005400



01182005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BOGGS, E. JACKSON 501 EAST KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JENNINGS, CHARLES E. JR.			NAME	Rebecca J. McQuaig		
STREET ADDRESS	308 ELIZABETH STREET			STREET ADDRESS	308 Elizabeth Street		
CITY-ST-ZIP	BRANDON, FL 33511			CITY-ST-ZIP	Brandon, FL 33511		
TITLE	ST	<input checked="" type="checkbox"/> Delete		TITLE	Secretary Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROWELL, ESTELLE			NAME	Glinda F. Fulwood		
STREET ADDRESS	4306 W. STATE RD. 60			STREET ADDRESS	308 Elizabeth Street		
CITY-ST-ZIP	PLANT CITY, FL			CITY-ST-ZIP	Brandon, FL 33511		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-05

Date

(813)689-0021

Daytime Phone #