

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90050 049 ***150.00



DOCUMENT # H69179

1. Entity Name

SERVICE INSURANCE FOR LIFE AND HEALTH, INC.

Principal Place of Business

1615 SE 47TH TERRACE
CAPE CORAL FL 33904

Mailing Address

1615 SE 47TH TERRACE
CAPE CORAL FL 33904

2. Principal Place of Business

851 SE 41st Street

Suite, Apt. #, etc.

3. Mailing Address

851 SE 41st Street

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Cape Coral, FL

Zip
33904

Country

Lee

City & State

Cape Coral, FL

Zip

33904

Country

Lee

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROOSA, RICHARD V.S.
1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

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, 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BRICKNER, THOMAS J.
STREET ADDRESS 1615 SE 47TH TERR
CITY-ST-ZIP CAPE CORAL FL

TITLE ST ☐ Delete
NAME BRICKNER, NANCY
STREET ADDRESS 1615 SE 47TH TERR
CITY-ST-ZIP CAPE CORAL FL

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 P ☒ Change ☐ Addition
NAME Brickner, Thomas J.
STREET ADDRESS 851 SE 41st Street
CITY-ST-ZIP Cape Coral FL 33904

TITLE S/T ☒ Change ☐ Addition
NAME Brickner, Nancy A.
STREET ADDRESS 851 SE 41st Street
CITY-ST-ZIP Cape Coral FL 33904

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Nancy A. Brickner Nancy A. Brickner 2/7/05 239-549-3893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #