


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # H86867 1. Entity Name RUPERT SMITH INSURANCE AGENCY, INC.	
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Principal Place of Business 10 E OAK STREET ARCADIA, FL 34266 US	Mailing Address P O BOX 150 ARCADIA, FL 34265 US
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2684292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWN, FLETCHER
124 NORTH BREVARD AVENUE
P.O. BOX 350
ARCADIA, FL 34265**

**DO NOT WRITE
IN THIS SPACE**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DONALDSON, COLLEEN S. 2635 SW HILLSBOROUGH AVE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRAZIER, TERRI S. 4480 NE HWY 70 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Colleen S. Donaldson Colleen S. Donaldson 01-03-05 863-494-1613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #