2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J13411

1. Entity Name
INSURANCE MARKETING RESOURCE GROUP, INC.

Principal Place of Business	Mailing Address
9675 4TH STREET NORTH	9675 4TH STREET NORTH
ST. PETERSBURG, FL 33702-2529 US	ST. PETERSBURG, FL 33702-2529 US

DO NOT WRITE IN THIS SPACE

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3128001	Not Applicable

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

6. Name and Address of Current Registered Agent

DREWES, JOHN G.
9675 4TH ST NORTH
SAINT PETERSBURG, FL 33702

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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. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	DREWES, JOHN G.
STREET ADDRESS	9675 4TH ST. NO.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702

TITLE	VD
NAME	FISHER, STEVEN D.
STREET ADDRESS	4640 SHORT LEAF LN NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80103-003 150.00

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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: _____ STEVEN D. FISHER 4/26/05 727-577-2075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #