

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J14462

FILED
Feb 16, 2005
Secretary of State

Entity Name: BETTY SCHENCK INSURANCE AGENCY, INC.

Current Principal Place of Business:

4120 W. SR 60
PLANT CITY, FL 33567 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 824
VALRICO, FL 33595 US

New Mailing Address:

FEI Number: 59-2683459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCAS, BETTY JEAN PRES.
P.O. BOX 824
(4120 W. STATE ROAD 60)
VALRICO, FL 33595 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHENCK LUCAS, BETTY
Address: P.O. BOX 824
City-St-Zip: VALRICO, FL 33594

Title: ST () Delete
Name: KALMBACH, PENNY
Address: 505 PLAZA SEVILLE CT UNIT 11
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY JEAN LUCAS

PRES

02/16/2005

Electronic Signature of Signing Officer or Director

Date