

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2005 . 08:00 AM
Secretary of State

DOCUMENT # J23809

1. Entity Name

MATTHEW F. CARLUCCI INSURANCE AGENCY, INC.



Principal Place of Business
**% MATTHEW F. CARLUCCI
3621 HENDRICKS DR
JACKSONVILLE FL 32207**

Mailing Address
**% MATTHEW F. CARLUCCI
3621 HENDRICKS DR
JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2694521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLUCCI, MATTHEW F.
1532 ALEXANDER PL S
JACKSONVILLE FL 32207**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PST
CARLUCCI, MATTHEW F.
4251 GREAT OAKS LANE
JACKSONVILLE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CARLUCCI, MATTHEW F.
4251 GREAT OAKS LANE
JACKSONVILLE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
CARLUCCI, KAREN LEE
4251 GREAT OAKS LANE
JACKSONVILLE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**000000230414
02/15/05-80043-005 150.00** ☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

Matthew F. Carlucci
1/25/05 904 399 1000