2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# J42041

Entity Name: ALPINE INSURANCE AGENCY, INC.

Current Principal Place of Business:

728 LINCOLN AVE. SUITE 1
MELBOURNE, FL 329014806

New Principal Place of Business:

Current Mailing Address:

728 LINCOLN AVE. SUITE 1
MELBOURNE, FL 329014806

New Mailing Address:

FEI Number: 59-2754115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WENGERT, ROBIN S
728 LINCOLN AVE., SUITE 1
MELBOURNE, FL 32901 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: PVTS ( ) Delete
Name: WENGERT, ROBIN SHANE,
Address: 2009 ANDIRONDACK CIR
City-St-Zip: MELBOURNE, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WENGERT, ROBIN S
Address: 241 FORECAST LN
City-St-Zip: ROCKLEDGE, FL 32922 US

Title: VP ( ) Change (X) Addition
Name: WENGERT, MARK D
Address: 4025 GRAND MEADOWS BLVD
City-St-Zip: MELBOURNE, FL 32934 US

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: ROBIN WENGERT P 04/25/2005

Electronic Signature of Signing Officer or Director — Date