

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # J91994

1. Entity Name
CFA INSURANCE AGENCY, INC.



Principal Place of Business

**902 CLINT MOORE RD
SUITE 116
BOCA RATON, FL 33487 US**

Mailing Address

**902 CLINT MOORE RD
SUITE 116
BOCA RATON, FL 33487 US**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0005544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOTTOMS, DAVID N JR
902 CLINT MOORE ROAD
SUITE 116
BOCA RATON, FL 33487**

**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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOTTOMS, DAVID N JR.
STREET ADDRESS 902 CLINT MOORE RD., SUITE 116
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE AS
NAME MAHONEY, RITA
STREET ADDRESS 902 CLINT MOORE RD., SUITE 116
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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04/04/05-80043-023 150.00

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

3/31/05

Date

561-997-5601

Daytime Phone #