

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90338 045 \*\*\*150.00

**DOCUMENT # K03785**

1. Entity Name

**SOUTHGATE INSURANCE AGENCY, INC.**



Principal Place of Business

**246 N FEDERAL HWY  
POMPANO BEACH FL 33062**

Mailing Address

**246 N FEDERAL HWY  
POMPANO BEACH FL 33062**

**50040106**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

**639 N Federal Hwy**

3. Mailing Address

**639 N Federal Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Pompano BEach, FL**

City & State

**Pompano BEach, FL**

4. FEI Number

**65-0016957**

Applied For

Not Applicable

Zip

**33060**

Country

**USA**

Zip

**33060**

Country

**USA**

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

**APPLEGATE, FRED W III  
246 N FEDERAL HWY  
POMPANO BEACH FL 33062**

Name

Street Address (P.O. Box Number is Not Acceptable)

**639 N Federal Hwy**

City

**Pompano Beach**

FL

Zip Code

**33062**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **APPLEGATE, FRED W III**  
STREET ADDRESS **246 N FEDERAL HWY**  
CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

TITLE **STVP** ☒ Delete  
NAME **ASMAR, EDOUARD H**  
STREET ADDRESS **246 N FEDERAL HWY**  
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **STD** ☒ Change ☒ Addition  
NAME **MARSHALL, CATHERINE A**  
STREET ADDRESS **639 N Federal Hwy**  
CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:**

**F W APPLGATE III PRESIDENT 4/15/05 954 942 4401**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #