

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90226 007 \*\*\*150.00

**DOCUMENT # K22577**

1. Entity Name

SPECTRUM INSURANCE ANALYSIS, INC.



Principal Place of Business

10810 BUCKSKIN PL  
TAMPA FL 33626  
US

Mailing Address

10810 BUCKSKIN PL  
TAMPA FL 33626  
US

**50020194**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

20651 LAKEPATIENCE ROAD

3. Mailing Address

20651 Lake PATIENCE RD

Suite, Apt. #, etc.

LAND O LAKES

Suite, Apt. #, etc.

LAND O LAKES

City & State

FLORIDA

City & State

FLORIDA

Zip

34638

Country

PASCO

Zip

34638

Country

PASCO

4. FEI Number

59-2888121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SUGG, MICHAEL N  
10810 BUCKSKIN PLACE  
TAMPA FL 33626

7. Name and Address of New Registered Agent

Name

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

20651 LAKEPATIENCE ROAD

City LAND O LAKES

FL

Zip Code 34638

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

2-7-5

**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	PVS	<input type="checkbox"/> Delete
NAME	SUGG, MICHAEL N	
STREET ADDRESS	10810 BUCKSKIN PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUGG, MICHAEL N	
STREET ADDRESS	10810 BUCKSKIN PL	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20651 LAKEPATIENCE ROAD	
CITY-ST-ZIP	LAND O LAKES FL 34638	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20651 LAKEPATIENCE ROAD	
CITY-ST-ZIP	LAND O LAKES FL 34638	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE:

*Michael N Sugg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-5 813 854 5544

Date

Daytime Phone #