

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90269 044 ***150.00

DOCUMENT # K67409 1. Entity Name INSURANCE FINANCE SPECIALISTS, INC.					
Principal Place of Business 3021 SWANN AVE TAMPA, FL 33609 US			Mailing Address P.O. BOX 18241 TAMPA, FL 33679-8241 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ITALIANO, JANE M. 3021 SWANN AVE TAMPA, FL 33609			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____			1-6-06 DATE		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DS		TITLE	DS	
NAME	ITALIANO, JANE M. <input type="checkbox"/> Delete		NAME	Itailiano, Jane m <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3524 VILLAGE WAY		STREET ADDRESS	P.O. BOX 18383	
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP	Tampa FL 33679	
TITLE	T <input type="checkbox"/> Delete		TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ITALIANO, JANE M.		NAME	Itailiano, Jane m	
STREET ADDRESS	3524 VILLAGE WAY		STREET ADDRESS	P.O. BOX 18383	
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP	Tampa, FL 33679	
TITLE	DV <input type="checkbox"/> Delete		TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ITALIANO, NELSON A., II		NAME	Itailiano Jeffrey G	
STREET ADDRESS	P.O. BOX 355 N/A		STREET ADDRESS	P.O. BOX 10674	
CITY-ST-ZIP	BOCA GRANDE, FL		CITY-ST-ZIP	Tampa FL 33679	
TITLE	DP <input type="checkbox"/> Delete		TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ITALIANO, JEFFREY G.		NAME	Itailiano Jeffrey G	
STREET ADDRESS	5010 S THE RIVIERA		STREET ADDRESS	P.O. BOX 10674	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	Tampa FL 33679	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Jeffrey G. Italiano</i>			1-6-06 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			813-831-7799 Daytime Phone #		