2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005
Secretary of State

DOCUMENT# K76868

Entity Name: AMERICAN INSURANCE SERVICES OF LAKE CITY, FLORIDA INC.

Current Principal Place of Business:

2218 W US HIGHWAY 90
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

PO BOX 2759
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-2966056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAW, LARRY K
RT 13, BOX 599
LAKE CITY, FL 32055 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: P ( ) Delete
Name: SHAW, LARRY K
Address: RT 13, BOX 599
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SHAW, LARRY K
Address: 810 NW CLUBVIEW CIRCLE
City-St-Zip: LAKE CITY, FL 32055

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: LARRY K. SHAW PRES 01/07/2005

Electronic Signature of Signing Officer or Director — Date