



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000019408	
1. Entity Name INTEGRITY FIRST INSURANCE SERVICES, LLC	

Principal Place of Business 52 THIRD STREET NW C/O J. ROBERT WALKER WINTER HAVEN, FL 33881	Mailing Address 52 THIRD STREET NW C/O J. ROBERT WALKER WINTER HAVEN, FL 33881
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DO NOT WRITE IN THIS SPACE



06302005No Chg-LLC CR2E083 (10/03)

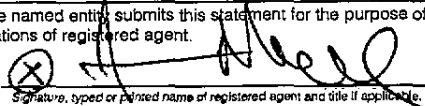
4. FEI Number 04-3735306	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WALKER, JOSEPH R
52 THIRD STREET NW
WINTER HAVEN, FL 33881**

**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:  (NOTE: Registered Agent signature required when reinstating) **6/30/05** DATE

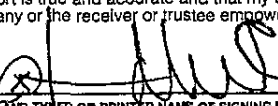
**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, DEBORAH J 230 N. WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, JOSEPH R 52 THIRD STREET NW WINTER HAVEN, FL 33881
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IN THIS SPACE**

U00000370341
07/05/05-80011-025 50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Joseph R. Walker** **6/30/05** **883-207-2664** DATE Daytime Phone #