


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L18295 1. Entity Name TRANS-FLORIDA INSURANCE AGENCY, INC.		
Principal Place of Business 7821 DEERCREEK CLUB ROAD SUITE 101 JACKSONVILLE, FL 32256	Mailing Address 7821 DEERCREEK CLUB ROAD SUITE 101 JACKSONVILLE, FL 32256	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LANDSCHOOT, CARLOTTA 7821 DEERCREEK CLUB ROAD SUITE 101 JACKSONVILLE, FL 32256		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LANDSCHOOT, CARLOTTA W 12760 EDENBRIDGE CT JACKSONVILLE, FL 32223	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HARRIS, MELANIE W 2807 EVERCHARM PLACE JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WATSON III, WILLIAM A 3430 CORMORANT COVE. DR. JACKSONVILLE, FL 32223	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WATSON, JANELLE W 2807 EVERCHARM PLACE JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATSON, JR., WILLIAM A 2807 EVERCHARM PLACE JACKSONVILLE, FL 32257	
TITLE 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: <u>Carlotta Landschoot</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/15/05</u> <u>904-596-5902</u> <small>Date Daytime Phone #</small>



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3025211** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

U00000266877
03/17/05-80048-011 150.00

**DO NOT WRITE
IN THIS SPACE**