## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Jan 13, 2005 08:00 AM DOCUMENT # L35995 **Secretary of State** 1. Entity Name JOE MITOCK INSURANCE, INC. Principal Place of Business \_ Mailing Address C/O JOSEPH J. MITOCK, JR. C/O JOSEPH J. MITOCK, JR. 4061 36TH AVENUE NORTH 4061 36TH AVENUE NORTH ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713 01032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2980362 Not App 'cab'e \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MITOCK, JOSEPH J., JR. DO NOT WRITE 4061 36TH AVENUE NORTH ST. PETERSBURG, FL 33713 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 filorida, I am familiar with, and accept the oprigations of registered agent. \_ SIGNATURE. niens ognitiet und breitige beginne bet het die beginne bet die beginne betreit eine bestellt die bestellt di CICIE Regulated Against grature equilation in a substage FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Controution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE MITOCK, JOSEPH J. JR NAME STREET ADDRESS 4061 36TH AVE N CITY ST ZIP ST PETERSBURG, FL U00000179707 01/13/05-80029-025 150.00 TITLE MITOCK, VICTORIA J STREET ADDRESS 4061 36TH AVE N CITY ST ZIP ST PETERSBURG, FL LAME STREET ADDRESS DO NOT WRITE CITY ST ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY ST ZIP TITLE LAME STREET ADDRESS CITY ST ZIP TITLE NAME

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12. Thereby certify that the information supplied with this firing does not quality for the exemption stated in Section 119.07(3)(7), Fiorida 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 charged, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY ST ZIP