2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L42806

1. Entity Name
DAN/ROY INSURANCE INC.

Principal Place of Business	Mailing Address
% ROY VELLA 2618 GRIFFIN RD FT LAUDERDALE, FL 33312	% ROY VELLA 2618 GRIFFIN RD FT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

03202005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0160592	Not Applicable

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

6. Name and Address of Current Registered Agent

VELLA, ROY
2618 GRIFFIN RD
FT LAUDERDALE, FL 33312

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VELLA, ROY
STREET ADDRESS	2618 GRIFFIN RD
CITY-ST-ZIP	FT LAUDERDALE, FL

U00000277365
03/26/05-80025-021 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #