

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L63642

FILED
Jan 06, 2005
Secretary of State

Entity Name: ALLEY, REHBAUM & CAPES ASSURANCE, INC.

Current Principal Place of Business:

2433 GULF TO BAY BLVD
P O BOX 4620
CLEARWATER, FL 33758

New Principal Place of Business:

Current Mailing Address:

2433 GULF TO BAY BLVD
P O BOX 4620
CLEARWATER, FL 33758

New Mailing Address:

FEI Number: 59-3010095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLETCHER, CYNTHIA
2433 GULF TO BAY BLVD
CLEARWATER, FL 33758 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: S () Delete
Name: WATERS, DONALD E SR
Address: 2433 GULF TO BAY BLVD
City-St-Zip: CLEARWATER, FL 33765

Title: VT () Delete
Name: HOOD, KRISTEN
Address: 2293 BEVERLY LANE
City-St-Zip: CLEARWATER, FL 33764

Title: COOP () Delete
Name: FLETCHER, CYNTHIA
Address: 2341 HARRISON DR
City-St-Zip: DUNEDIN, FL

Title: DV () Delete
Name: WATERS, DONALD E JR
Address: 1604 GOVERNORS LN
City-St-Zip: SAFETY HARBOR, FL 34695

Title: V () Delete
Name: WATERS, WILLIAM G
Address: 2236 LAKEVIEW WAY
City-St-Zip: PALM HARBOR, FL 34683

Title: V () Delete
Name: SIY, VINCENT I
Address: 1634 50TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: WATERS, DONALD E SR
Address: 2433 GULF TO BAY BLVD
City-St-Zip: CLEARWATER, FL 33765

Title: P (X) Change () Addition
Name: HOOD, KRISTEN
Address: 2293 BEVERLY LANE
City-St-Zip: CLEARWATER, FL 33764

Title: CFO (X) Change () Addition
Name: FLETCHER, CYNTHIA
Address: 11000 GULF BLVD #1504
City-St-Zip: TREASURE ISLAND, FL 33706

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KRISTEN W. HOOD

P

01/06/2005

Electronic Signature of Signing Officer or Director

_____ Date