

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M45746

FILED
Jan 17, 2005
Secretary of State

Entity Name: INS INSURANCE BROKERS, INC.

Current Principal Place of Business:

600 SANDTREE DRIVE #212
PALM BEACH GARDENS, FL 33403 US

New Principal Place of Business:

600 SANDTREE DRIVE
212
PALM BEACH GARDENS, FL 33403 US

Current Mailing Address:

600 SANDTREE DRIVE #212
PALM BEACH GARDENS, FL 33403 US

New Mailing Address:

600 SANDTREE DRIVE
212
PALM BEACH GARDENS, FL 33403 US

FEI Number: 59-2775031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFFERTY, ROBERT G.
10337 SE BANYAN WAY
JUPITER, FL 33469 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: PD () Delete
Name: LAFFERTY, ROBERT G.,
Address: 600 SANDTREE DRIVE #212
City-St-Zip: PALM BEACH GARDENS, FL 33403

Title: VP () Delete
Name: JOLYNN LAFFERTY,
Address: 600 SANDTREE DRIVE #212
City-St-Zip: PALM BEACH GARDENS, FL 33403

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DIR () Change (X) Addition
Name: SEAN LAFFERTY,
Address: 600 SANDTREE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33403

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: ROBERT LAFFERTY

PD

01/17/2005

Electronic Signature of Signing Officer or Director

Date