


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005 08:00 AM
Secretary of State

DOCUMENT # M85389 1. Entity Name KUHNE INSURANCE AGENCY, INC.	
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Principal Place of Business 615 S. SEMERON BLVD. ORLANDO, FL 32807 US	Mailing Address P.O. BOX 574596 ORLANDO, FL 32807 US
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2870134	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KUHNE, DONALD 615 S. SEMORAN BLVD ORLANDO, FL 32807	DO NOT WRITE IN THIS SPACE
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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 *Donald Kuhne* DATE 1-3-05

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

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KUHNE, DONALD 2915 TRENTWOOD BLVD. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUHNE, MARY 2915 TRENTWOOD BLVD. ORLANDO, FL
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01/06/05-80003-004 158.75

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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)(f), 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: *Mary Kuhne* Mary Kuhne 1-3-05 407-275-6000

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