## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P00000006210**

1. Entity Name

ANDERSON AND JACOBY INSURANCE CONSULTANTS, INC.



Principal Place of Business

7751 SW 62ND AVENUE

SUITE 200

SOUTH MIAMI, FL 33143

Mailing Address

7751 SW 62ND AVENUE

SUITE 200

SOUTH MIAMI, FL 33143

## FILED Apr 22, 2005 8:00 am Secretary of State

04-22-2005 90264 001 \*\*\*158.75

20041000



02092005

4/15/05

3056674078

No Chg-P

CR2E034 (10/03)

4. FEI Number 02-0618451

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, RICHARD P 7751 SW 62ND AVENUE SUITE 200 SOUTH MIAMI, FL 33143

SIGNATURE:

| DC | NOT  | WRITE |
|----|------|-------|
| IN | THIS | SPACE |

| <u></u>   |  |  |                    |                                |                         |                    |                     |
|---|--|--|--------------------|--------------------------------|-------------------------|--------------------|---------------------|
|   | named entity submits this statement for the plions of registered agent.  | ourpose of changing its registe                                  | red office or re   | egistered agent, or bot        | th, in the State of Flo | rida. I am familia | r with, and accept  |
| SIGNATURE_  | Manager of the desired and the | ALCOHOL MICH.  |                    |                                |                         |                    |                     |
|   | Signature, typed or printed name of registered agent and title   | if applicable. (NOTE: Hegiste                                    | ed Agent signature | required when reinstating)     |                         | DATE               |                     |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution. |  |  | ~ -                | \$5.00 May Be<br>Added to Fees |                         |                    |                     |
| 10.   | OFFICERS AND DIREC   | CTORS  |                    |                                |                         |                    |                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PDS<br>ANDERSON, RICHARD P<br>7751 SW 62ND AVE, STE 200<br>MIAMI, FL 33143   |  |                    | . V                            | *****                   |                    |                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                    |                                | . "                     |                    |                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                    | DO                             | NOT W                   | RITE               |                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                    | in T                           | THIS SF                 | PACE               |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                    |                                |                         | , *                |                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |                    |                                |                         | -                  |                     |
| of the co   | certify that the information supplied with this f<br>on this report or supplemental report is true<br>poration or the receiver or trustee empowere<br>or on an attachment with an address, with a  | and accurate and that my sign<br>d to execute this report as rec | ature shall ha     | ve the same legal effec        | ot as if made under d   | nath: that I am an | officer or director |

ING OFFICER OF DIRECTOR