

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90156 013 ***150.00

DOCUMENT # P00000013237 1. Entity Name BANCASSURANCE PARTNERS CORPORATION					
Principal Place of Business 13615 S DIXIE HWY, #441 MIAMI, FL 33176			Mailing Address 13615 S DIXIE HWY, #441 MIAMI, FL 33176		
2. Principal Place of Business 3350 SW 27th Ave Suite, Apt. #, etc. Suite 1708 City & State Coconut Grove, FL Zip 33133		3. Mailing Address 3350 SW 27th Ave Suite, Apt. #, etc. Suite 1708 City & State Coconut Grove, FL Zip 33133			
4. FEI Number 65-0981356			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HENNEFORTH, RICHARD 13831 SW 59TH ST, SUITE 101A MIAMI, FL 33183			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13876 SW 56th St., PMB # 273 City Miami FL Zip Code 33175		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME WILKINS, WILLIAM S STREET ADDRESS 13615 S DIXIE HWY, #441 CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 3350 SW 27th Ave, Suite 1708 Coconut Grove, FL 33133		
TITLE D NAME GEUTHER, CARL F STREET ADDRESS 13615 S DIXIE HWY, #441 CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 3350 SW 27th Ave, Suite 1708 Coconut Grove, FL 33133		
TITLE D NAME JOHNSON, GLENDON E STREET ADDRESS 13615 S DIXIE HWY 441 CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 3350 SW 27th Ave, Suite 1708 Coconut Grove, FL 33133		
TITLE D NAME CASE, GERALD C STREET ADDRESS 13615 S DIXIE HWY #441 CITY-ST-ZIP MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP Director Ben Fell, Stanley E. 77 E Street Salt Lake City, Utah 84103		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: Carl F. Geuther, Dir. 2/23/05 305-852-2842 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					