

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000055351

FILED
Feb 28, 2005
Secretary of State

Entity Name: DON DILLON INSURANCE AGENCY, INC.

Current Principal Place of Business:

9633 W. BROWARD BLVD., SUITE 2
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

9633 W. BROWARD BLVD., SUITE 2
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-1010702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DILLON, MICHAEL R
617 CLOREMORE DR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

DILLON, MICHAEL R
617 CLAREMORE DR
WEST PALM BEACH, FL 33401 US

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

02/28/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DILLON, DONALD J
Address: 11550 NW 8TH ST.
City-St-Zip: PLANTATION, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DONALD J DILLON

DP

02/28/2005

Electronic Signature of Signing Officer or Director

Date