2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# P00000081125

Entity Name: CO-ADVANTAGE INSURANCE SERVICES, INC.

Current Principal Place of Business:

111 W. JEFFERSON STREET
SUITE 100
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

111 W. JEFFERSON STREET
SUITE 100
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-3673631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, W. GRAHAM
250 PARK AVENUE SOUTH, 5TH FLOOR
WINTER PARK, FL 32789 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: P ( ) Delete
Name: GOIN, BRUCE
Address: 111 W. JEFFERSON STREET SUITE 100
City-St-Zip: ORLANDO, FL 32801

Title: CEO ( ) Delete
Name: WILLIAMS, DAYNE
Address: 111 W. JEFFERSON STREET SUITE 100
City-St-Zip: ORLANDO, FL 32801

Title: S ( ) Delete
Name: ROBBINSON, WILLIAM H JR
Address: 111 W. JEFFERSON STREET SUITE 100
City-St-Zip: ORLANDO, FL 32801

Title: T ( ) Delete
Name: WOLIN, JAY
Address: 111 W. JEFFERSON STREET SUITE 100
City-St-Zip: ORLANDO, FL 32801

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: WILLIAMS, DAYNE
Address: 111 W. JEFFERSON STREET SUITE 100
City-St-Zip: ORLANDO, FL 32801

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

Title: T (X) Change ( ) Addition
Name: LOWREY, MARK
Address: 111 W. JEFFERSON STREET SUITE 100
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Change (X) Addition
Name: RILEY, JOHN
Address: 111 W JEFFERSON ST., STE 100
City-St-Zip: ORLANDO, FL 32801

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: WILLIAM H ROBBINSON JR S 01/14/2005

Electronic Signature of Signing Officer or Director Date