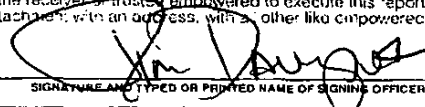


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 JUL 15 AM 10:00

SECRET
TALLAHASSEE, FL

DOCUMENT # P00000113645			
1. Entity Name DAVENPORT INSURANCE SERVICES INC.			
Principal Place of Business 2254 ALOMA AVE WINTER PARK, FL 32792		Mailing Address 2254 ALOMA AVE WINTER PARK, FL 32792	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent DAVENPORT, TIM 12127 CALLISTA COURT ORLANDO, FL 32825		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NEE: Registered Agent's signature required when changing)			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVENPORT, TIM 2254 ALOMA AVE WINTER PARK, FL 32792 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900057789819 07/22/05--01031--015 **61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVENPORT, TANIA 2254 ALOMA AVE WINTER PARK, FL 32792 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 "C" or Block "D" or changed, or on an attachment, with an address, with a, other like empowered.			
SIGNATURE: 		7/13/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	