

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000018001

1. Entity Name
ALL PLUS INSURANCE SERVICES, INC.



Principal Place of Business
2624 WEST CLEVELAND AVENUE
TAMPA, FL 33609

Mailing Address
ALL PLUS INS. SERVICES, INC.
PO BOX 26254
TAMPA, FL 33629-6254



03062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3707375

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAUER, JOSEPH T
2624 WEST CLEVELAND AVENUE
TAMPA, FL 33609

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPVS
NAME BAUER, JOSEPH T
STREET ADDRESS 2624 WEST CLEVELAND AVENUE
CITY-ST-ZIP TAMPA, FL 33609

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03/14/05-80072-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Joseph Bauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Bauer

3/6/5

813-998-9333

Date

Daytime Phone #