


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000020901</b>	
1. Entity Name PALM HAVEN INSURANCE AGENCY OF FLORIDA, INC.	

Principal Place of Business 5200 SOUTH PINE ST OCALA, FL 34480	Mailing Address P.O. BOX 311806 NEW BRAUNFELLS, TX 78131-1806
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**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FCI Number 59-3709567	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when certifying) DATE \_\_\_\_\_

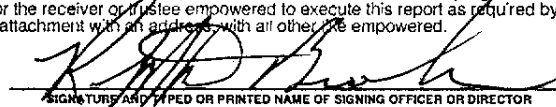
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEENER, LARRY H 15303 DALLAS PKWY., STE 800 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GAVIN, RYAN 15303 DALLAS PKWY., STE 900 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TACKE, KELLY 15303 DALLAS PKWY STE 800 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KOTYLO, WILLIAM A 100 NORTHWOODS DR. NEW BRAUNFELLS, TX 78132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BROCK, RALPH 100 NORTHWOODS DR. NEW BRAUNFELLS, TX 78132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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01/19/05-80043-025 150.00

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 fee empowered.

SIGNATURE:  01-13-05 830-629-6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #