2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2005
Secretary of State

DOCUMENT# P01000020907

Entity Name: FLORIDA CRACKER INSURANCE SERVICES, INC.

Current Principal Place of Business:

15865 44TH ST N
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

15865 44TH ST NORTH
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

15865 44TH ST N
LOXAHATCHEE, FL 33470 US

New Mailing Address:

15865 44TH ST NORTH
LOXAHATCHEE, FL 33470 US

FEI Number: 65-1082280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, RICHARD M
15865 44TH ST N
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

CONDRON, APRIL
314 NE 27TH STREET
WILTON MANORS, FL 33334 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: APRIL CONDRON 08/16/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BROWN, RICHARD M
Address: 15865 44TH ST N
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: DV ( ) Delete
Name: BROWN, JULIE L
Address: 15865 44TH ST N
City-St-Zip: LOXAHATCHEE, FL 33470 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: RICHARD M BROWN DP 08/16/2005
Electronic Signature of Signing Officer or Director Date