2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# P01000052604

Entity Name: HENTZEL INSURANCE SERVICES, INC.

Current Principal Place of Business:

PO BOX 667
ORMOND BEACH, FL 32175

New Principal Place of Business:

7 TWELVE OAKS TRAIL
ORMOND BEACH, FL 32174

Current Mailing Address:

PO BOX 667
ORMOND BEACH, FL 32175

New Mailing Address:

7 TWELVE OAKS TRAIL
ORMOND BEACH, FL 32174

FEI Number: 59-3715433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOGUIDICE, JOSEPH A
555 WEST GRANADA BLVD STE B-5
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

LOGUIDICE, JOSEPH A
1515 RIDGEWOOD AVENUE
SUITE A
HOLLY HILL, FL 32117 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: _____ 04/18/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HENTZEL, JAMES P
Address: PO BOX 667
City-St-Zip: ORMOND BEACH, FL 32175

Title: D ( ) Delete
Name: HENTZEL, SHERRY
Address: PO BOX 667
City-St-Zip: ORMOND BEACH, FL 32175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HENTZEL, JAMES P
Address: 7 TWELVE OAKS TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Change ( ) Addition
Name: HENTZEL, SHERRY
Address: 7 TWELVE OAKS TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

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: SHERRY HENTZEL D 04/18/2005
Electronic Signature of Signing Officer or Director — Date