


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90267 015 \*\*\*150.00

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<b>DOCUMENT # P01000114003</b>					
1. Entity Name VISTA INSURANCE PARTNERS OF FLORIDA, INC.					
Principal Place of Business 1445 ROSS AVE., #4200 DALLAS, TX 75202			Mailing Address 1445 ROSS AVENUE SUITE 4200 DALLAS, TX 75202		
2. Principal Place of Business			3. Mailing Address 555 Pleasantville Rd		
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 160 South		
City & State			City & State Briarcliff Manor NY		
Zip		Country	Zip		Country
			10510		USA
4. FEI Number 65-1155928				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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DEVP	<input type="checkbox"/> Delete	TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAN, C. JEFF		NAME	C. Jeff Pan	
STREET ADDRESS	1445 ROSS AVE SUITE 4200		STREET ADDRESS	1445 Ross Ave, Ste 4200	
CITY-ST-ZIP	DALLAS, TX 75202		CITY-ST-ZIP	Dallas TX 75202	
TITLE	PCEO	<input checked="" type="checkbox"/> Delete	TITLE	DAVID Estlick	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINE, JAMES		NAME	PCEO	
STREET ADDRESS	5750 N.W. PARKWAY SUITE 100		STREET ADDRESS	555 Pleasantville Rd, Ste 160 South	
CITY-ST-ZIP	SAN ANTONIO, TX 78265		CITY-ST-ZIP	Briarcliff Manor NY 10510	
TITLE	SVPA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, STEPHANIE D		NAME		
STREET ADDRESS	1445 ROSS AVENUE SUITE 4200		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75202		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, BRUCE		NAME	Baker Bruce	
STREET ADDRESS	11300 U.S. HIGHWAY 1, SUITE 400		STREET ADDRESS	3651 FAU Blvd, Ste 300	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Robert Schneider	
STREET ADDRESS			STREET ADDRESS	555 Pleasantville Rd, Ste 160 South	
CITY-ST-ZIP			CITY-ST-ZIP	Briarcliff Manor NY 10510	
TITLE		<input type="checkbox"/> Delete	TITLE	Director, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Ernest Newborn	
STREET ADDRESS			STREET ADDRESS	555 Pleasantville Rd, Ste 160 South	
CITY-ST-ZIP			CITY-ST-ZIP	Briarcliff Manor NY 10510	
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 like empowered.					
SIGNATURE: _____			4-1-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		