2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

anaeca

SIGNATURE AND TYPED OR PROVED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P02000053159 01-14-2005 90016 002 ***150.00 1. Entity Name BUSINESS ASSURANCE AGENCY, INC. Principal Place of Business Mailing Address PO BOX 380090 PO BOX 380090 40000950 MURDOCK, FL 33938-0090 MURDOCK, FL 33938-0090 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01112005 Chg-P City & State City & State 4. FEI Number Applied For 37-1429179 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NOLAN, JOHN D Street Address (P.O. Box Number is Not Acceptable) 2788 ROYAL PALM DRIVE NORTH PORT, FL 34288 Zip Code FI 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 primed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE ☐ Change LAMARCA, MICHAEL A NAME NASAF STREET ADDRESS 2368 CHILCOTE TERRACE STREET ADDRESS PORT CHARLOTTE, FL 33981 CITY-SE-7IP CITY-SI-ZIP Delete Change Addition TITLE TITLE LAMARCIA, MICHELLE L NAME STREET ADDRESS 2358 CHILCOTE TERRACE STREET ADDRESS PORT CHARLOTTE, FL 33981 CHY-SI-ZIP CITY-SI-ZIP nne ☐ Delete TiT: F Change ☐ Addition NAME NOLAN, JOHN D NAME 2788 ROYAL PALM DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PORT, FL 34288 CITY-ST-ZIP Delete TITLE -Change - Addition . LOCAN NAME NAME DRIVE STREET ADDRESS STREET ADDRESS 34288 CITY-ST-7/P CITY-S1-7IP TITLE Delete DILE Change ☐ Addition MARKE HALE STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete 1111 5 Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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

FILED Jan 14, 2005 8:00 am

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