

2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-29-2005 90297 017 ***150.00

P02000083894

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 13 PM 4:45

DOCUMENT # P02000083894

1. Entity Name
MICHAEL G. PENNEY INSURANCE, INC.



Principal Place of Business
280 WEST CANTON AVE.
WINTER PARK, FL 32790

Mailing Address
C/O NFP
787 7TH AVE, 49TH FL
NY, NY 10019

14011684



2. Principal Place of Business

3. Mailing Address
c/o NFP, 500 W. Madison St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2400

City & State

City & State
Chicago, IL

Zip

Country

Zip

Country

60661

USA

04192005

Chg-P

CR2E034 (10/03)

4. FEI Number

27-0032554

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(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.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PENNEY, MICHAEL G
P.O. BOX 490
WINTER PARK, FL 32790490 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST D
Penney, Michael G
601 N. New York Avenue, Ste 200
Winter Park, FL 32799 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
UP
Lieser, Lori M.
500 W. Madison St, Ste 2400
Chicago, IL 60661 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
UP
Hinkson, Malika
787 Seventh Ave, 11th Fl.
New York, NY 10019 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Zuccaro, Robert
787 Seventh Ave, 11th Fl.
New York, NY 10019 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Lori M. Lieser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05

312-985-5700

Date

Daytime Phone #