


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**

06-08-2005 90002 017 \*\*\*150.00

<b>DOCUMENT # P02000134141</b>	
1. Entity Name <b>ASSOCIATED BROKER SERVICES OF AMERICA, INC.</b>	

Principal Place of Business <b>P.O. BOX 341753 TAMPA, FL 33694-1753</b>	Mailing Address <b>3311 CHEVIOT DRIVE TAMPA, FL 33618</b>
--	--

**50053477**



2. Principal Place of Business <i>22707 Eagles Watch Dr.</i>	3. Mailing Address <i>22707 Eagles Watch Dr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05022005 Chg-P CR2E034 (10/03)

City & State <i>Land O Lakes Florida</i>	City & State <i>Land O Lakes Florida</i>
Zip <i>34639</i>	Zip <i>34639</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number <b>22-3887730</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>GREEN, GAIL 3311 CHEVIOT DR. TAMPA, FL 33618</b>	
7. Name and Address of New Registered Agent Name <i>Gail Green</i> Street Address (P.O. Box Number is Not Acceptable) <i>22707 Eagles Watch Drive</i> City <i>Land O Lakes</i> <b>FL</b> Zip Code <i>34639</i>	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GREEN, GAIL 3311 CHEVIOT DR. TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Green, Gail 22707 Eagles Watch Dr. Land O Lakes, Florida 34639 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GREEN, KEITH 3311 CHEVIOT DR. TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Green, Keith 22707 Eagles Watch Drive Land O Lakes, Florida 34639 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Gail Green</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>6/5/04</i> <small>Daytime Phone #</small>
---	--