2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000012453

1. Entity Name
INSECO USA, INC.

Principal Place of Business	Mailing Address
5601 BANNER DRIVE	5601 BANNER DRIVE
FORT MYERS, FL 33912 US	FORT MYERS, FL 33912 US

20044847

02222005   No Chg-P   CR2E034 (10/03)

4. FEI Number
54-2104765

Applied For
Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOIKOS, MICHAEL
5601 BANNER DRIVE
FT. MYERS, FL 33912

DO NOT WRITE IN THIS SPACE

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

TITLE	PD
NAME	DOIKOS, MICHAEL
STREET ADDRESS	4053-4 SANDLEWOOD LANE
CITY-ST-ZIP	FORT MYERS, FL 33907

TITLE	VTSD
NAME	DOIKOS, GEORGE
STREET ADDRESS	4053-4 SANDLEWOOD LANE
CITY-ST-ZIP	FORT MYERS, FL 33907

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *George Doikos VP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date   Daytime Phone #
4/11/05   239-791-0586