


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90061 035 ***150.00

DOCUMENT # P03000028209

1. Entity Name
CAMELOT INSURANCE ASSOCIATES, INC.



Principal Place of Business Mailing Address
7007 DEMEDICI CIRCLE **7007 DEMEDICI CIRCLE**
DELRAY BEACH FL 33446 **DELRAY BEACH FL 33446**

2. Principal Place of Business 3. Mailing Address
141 SE 14TH AVE **141 SE 14TH AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BOYNTON BCH FL **BOYNTON BCH FL**
 Zip Country Zip Country
33435 **PALM BCH** **33435** **PALM BCH**



MOORE CR2E034 (11/03)

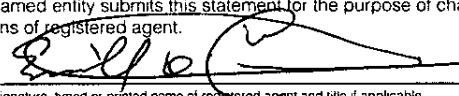
6. Name and Address of Current Registered Agent
INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER FL 33761

4. FEI Number Applied For
65 1183149 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
MICHAEL O. CIRULLO
 Street Address (P.O. Box Number is Not Acceptable)
4160 BROOK CIR W.
 City State Zip Code
WEST PALM BCH **FL** **33435**

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  **VP. Michael O. Cirullo** 01/27/04
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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BERKOWITZ, SY	
STREET ADDRESS	7007 DEMEDICI CR	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	T	<input type="checkbox"/> Delete
NAME	CIRULLO, MICHAEL D	
STREET ADDRESS	4160 BROOK CR W.	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHELLE LEIGH MAIN	
STREET ADDRESS	141 SE 14TH AVENUE	
CITY-ST-ZIP	BOYNTON BCH, FL 33435	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL O. CIRULLO	
STREET ADDRESS	4160 BROOK CIR. W.	
CITY-ST-ZIP	WEST PALM BCH, FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:  **PRES RICHELLE L MAIN** 01/27/04 561 342 3799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #