2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED HAME OFFICER OF DIRECTOR

SIGNATURE: _

FILED Feb 12, 2005 08:00 AM Secretary of State

	ANNUAL	KEPUK I		,			00.00 F
DOCUMENT # P03000035085					Se	cretary	of State
1. Entity Nan			.]		·		
PETER LACZKO INSURANCE, INC.							
Principal Plac	ce of Business	Mailing Address	1	1			
596 AZURE	-	596 AZURE AVENUE		-			
	N, FL 33414	WELLINGTON, FL 33414					
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DO NOT WRITE IN THIS SPAC				01212005 No Chg-P CR2E034 (10/03)			
			CE	4. FEI Numb			Applied For
			-	90-006			Not Applicable
				5. Certificate	e of Status Desired		5 Additional
	6. Name and Address of Current Re	Tricted Anant				Fee r	Required
	6. Name and Address of Current ne	gistered Agent	1				
LACZKO,	PETER _		DΩ	NOT W	DITE		
	RE AVENUE		}		IAO I AA	TILL	
WELLING	TON, FL 33414			IN 7	THIS SF	PACE	
			}	***	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	named entity submits this statement for the	ne purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	orida. I am familia	er with, and accept
เมอ คาแก็ชเ	tions of registered agent.				-		
SIGNATURE.		AVOTE D			<u> </u>	··	···········
	Signature, typed or printed name of registered agent and	title if applicable (NOTE, Registere	ed Agent signature required	i when reinstating)		DATE	
EII	E NAWIII EEE 19 \$150 00	9. Election Campaign Finar	ncing \$5.	.00 May Be			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				led to Fees	ມດດລຸດ	ომშიუგი	
10.	OFFICERS AND DI	PECTORS	T			0226786 -8002 9 -02	0 150.00
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NAME	LACZKO, PETER		Í				i
STREET ADDRESS	596 AZURE AVENUE		į.				
CITY-ST-ZIP	WELLINGTON, FL 33414		<u> </u>				
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CITY-ST-ZIP			<u> </u>				
12. I hereby c	certify that the information supplied with thi	is filing does not qualify for the exer	motion stated in Sec	otion 119.07(3)(ii) Florida Statutes.	I further certify the	it the information
indicated	on this report or supplemental report is tru poration or the receiver or trustee empowe	ue and accurate and that my signat	ture shall have the s	same legal effec	it as if made under o	oath; that I am an	officer or director
changed,	or on an attachment with an address, with	all other like empowered.	ed by Ollapier cor,	, Monua otatuto	s; and tracing name	3 aphears in nion	K 10 O1 D10 0K 11)1