


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90021 047 \*\*\*150.00

<b>DOCUMENT # P03000044794</b> 1. Entity Name <b>LIGARAN INSURANCE SERVICES, INC.</b>					
Principal Place of Business <b>505 S. COCOA BLVD COCOA, FL 32922</b>			Mailing Address <b>4870 S. ATLANTIC AVENUE UNIT 102 NEW SMYRNA BEACH, FL 32170</b>		
2. Principal Place of Business		3. Mailing Address <b>1131 N. Dixie Frwy</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>New Smyrna Beach, FL.</b>			
Zip	Country	Zip <b>32168</b>	Country <b>FLORIDA</b>	4. FEI Number <b>81-0607761</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MONROE, RANDY L 1131 N. DIXIE FRWY NEW SMYRNA BEACH, FL 32168</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONROE, RANDY L 4870 S. ATLANTIC AVENUE #102 NEW SMYRNA BEACH, FL 32170 <div style="text-align: right;"> <input checked="" type="checkbox"/> Delete  <i>Change of Address see below.</i> </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONROE, RANDY L. 1131 N. DIXIE FRWY New Smyrna Beach, FL 32168 <div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Randy L Monroe</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/15/05 <i>386-427-1341</i> <small>Date Daytime Phone #</small>		