

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000046058

1. Entity Name

JOEL FEINBERG INSURANCE AGENCY, INC.



Principal Place of Business

2700 GLADES CIRCLE STE 133
WESTON, FL 33327

Mailing Address

2700 GLADES CIRCLE STE 133
WESTON, FL 33327

FILED
Jan 07, 2005 08:00 AM
Secretary of State



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

41-2093026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEINBERG, JOEL
2700 GLADES CIRCLE STE 133
WESTON, FL 33327

**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	NAME	STREET ADDRESS	CITY-ST-ZIP
D	FEINBERG, JOEL	2700 GLADES CIRCLE STE 133	WESTON, FL 33327

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000000173468
01/07/05-80020-005 150.00

**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)(f), 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

Joel Feinberg
JOEL FEINBERG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/05

Date

561-371-5023

Daytime Phone #