

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000069960

1. Entity Name
PALMETTO NORTH INSURANCE AGENCY, INC.



Principal Place of Business

10031 SW 14 TERR
MIAMI, FL 33174

Mailing Address

10031 SW 14 TERR
MIAMI, FL 33174

**FILED
Mar 18, 2005 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE

03142005 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1597384	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEREIN, STEVE M
10031 SW 14 TERR
MIAMI, FL 33174

**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

000000268691
03/18/05-80051-015 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MEREIN, STEVE M
STREET ADDRESS 10031 SW 14 TERR
CITY-ST-ZIP MIAMI, FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

376-05 954-8878/50