

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135017

FILED
Feb 11, 2005
Secretary of State

Entity Name: ALL COUNTIES INSURANCE AGENCY OF FLORIDA INC.

Current Principal Place of Business:

27 CLARENDON COURT, NORTH
PALM COAST, FL 32137 US

New Principal Place of Business:

4721 EAST MOODY BLVD
105
BUNNELL, FL 32110 US

Current Mailing Address:

27 CLARENDON COURT, NORTH
PALM COAST, FL 32137 US

New Mailing Address:

FEI Number: 20-0401110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARUBIA-MONDELLI, KERRI M
27 CLARENDON COURT, NORTH
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARUBIA-MONDELLI, KERRI M
Address: 27 CLARENDON COURT, NORTH
City-St-Zip: PALM COAST, FL 32137 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MONDELLI, RICHARD A
Address: 27 CLARENDON COURT, NORTH
City-St-Zip: PALM COAST, FL 32137

Title: S () Change (X) Addition
Name: SAPP, J NORMAN
Address: 300 SOUTH PONCE DELEON BLVD
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KERRI CARUBIA MONDELLI

P

02/11/2005

Electronic Signature of Signing Officer or Director

_____ Date