## FILED Jun 08, 2005 8:00 am Secretary of State 05-05-2005 90097 026 \*\*\*150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

		MINION					_				
DOCUMENT # P03000135157  1. Entity Name INSURANCE AGENCY OF LAKE WALES, INC.											
Principal Place	of Business	s	Ma	iling Address		<u> </u>	1	~ ~ ~ ~ ~ ~ ~	~ ^		
130 EAST OR				3514 LAKE MAGDELE	<b>√</b> E		660223	36			
LAKE WALES, FL 33853 US				TAMPA, FL 33613 US			0000000				
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2. Principal Place of Business 3. Mailing Address						<del></del>					
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Suite, Apt. #, etc.				Suite, Apt. #, etc.			04292005	Chg-P	CR2E03	4 (10/03)	
City & State				City & State			FEI Numb	30 200	2/0	2 A	oplied For
								20- <u>292</u>	<u> 219 :</u>	3 N	ot Applicable
Zip	Country		2	Zip Cour		ntry	5. Certificate	of Status Desired		8.75 Ad	
6. Name and Address of Current					<del></del>	7 11	Add and Add Add Ba		ee Require	<u>a</u>	
_	O. PERLITIE	and Address of Curre	Name	7. READING BITC	Address of New Re	diamen v	gent				
PROHENZA, ROLANDO						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
14426-A NORTH DALE MABRY HWY.						Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, FL 33618						ļ					
						Crty			FL	Zip Cod	e
		ly submits this statemen	t for the p	urpose of changing its	register	ed office or registe	ered agens, or bo	th, in the State of Flor	ida. I am fa	emiliar with,	and accept
the obligat	lions of regis	tered agent.									
SIGNATURE.	<u>_</u> _										
	Signature, typed	or printed name of registered ag	pant and tile d	applicable. [NOT	E: Registere	ed Agent signature require	ed weet renormally		DATE		
•				S. Charling Commu	· Gos		- ^^				
FIL.	E NOW!!! *v 1. 200	FEE IS \$150.00 5 Fee will be \$55	0.00	9. Election Campa Trust Fund Cont			5.00 May Be dod to Fees				
			l								
10.	r <u> </u>	OFFICERS AI	ND DIREC		11.		ADDITIONS/	CHANGES TO OFFIC			
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indicated of the co	d on this repo reporation of t	he information supplied of or supplemental repo of or supplemental repo the receiver or trustee et tachment with an addres	ort is true a mpgwared	and accurate and that i d to execute this report	my signa Has requ	sture shall have the	e same legal effer	a tebnu ebamili as t	ath; thaile	m an officer	or director
SIGNATURE: Y/29/0.5											
SIGNAT	UHE: _		<b>A_U</b>	my				710	743		