

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90002 023 ***150.00

DOCUMENT # P04000014362

1. Entity Name
FRANK PRIEST INSURANCE CONSULTING, INC.



Principal Place of Business
**1624 HARBOR DRIVE
MERRITT ISLAND, FL 32952**

Mailing Address
**1624 HARBOR DRIVE
MERRITT ISLAND, FL 32952**

50001610



2. Principal Place of Business
1624 HARBOR DR.
Suite, Apt. #, etc.

3. Mailing Address
1624 HARBOR DR.
Suite, Apt. #, etc.

01042005 Chg-P CR2E034 (10/03)

City & State
MERRITT ISLAND, FL
Zip
32952
Country
USA

City & State
MERRITT ISLAND, FL
Zip
32952
Country
USA

4. FEI Number
562424483
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRIEST, FRANK
1624 HARBOR DRIVE
MERRITT ISLAND, FL 32952**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 Frank A. Priest Jr. N/A 1/8/05
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 **D** ☐ Delete
NAME **PRIEST, FRANK**
STREET ADDRESS **1624 HARBOR DRIVE**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition
NAME **SUSAN H. PRIEST**
STREET ADDRESS **1624 HARBOR DR.**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 it 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: Frank A. Priest Jr. 1/8/05 (321) 749-5659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #