

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90038 004 \*\*\*150.00

**DOCUMENT # P04000030430**

1. Entity Name

DAN LARISCY INSURANCE AGENCY, INC.



Principal Place of Business

1701 ALEXANDER STREET SOUTH  
SUITE 102  
PLANT CITY FL 33566

Mailing Address

1701 ALEXANDER STREET SOUTH  
SUITE 102  
PLANT CITY FL 33566

2. Principal Place of Business

1605 ALEXANDER ST SOUTH

3. Mailing Address

1605 ALEXANDER ST SOUTH

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

PLANT CITY FL

City & State

PLANT CITY FL

Zip

33563

Country

HILLSBOROUGH

Zip

33563

Country

HILLSBOROUGH



1st MOORE

CR2E034 (10/04)

4. FEI Number

20 0806262

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HEMNESS, GERALD L JR.  
EMMA HEMNESS, P.A.  
205 NORTH PARSON AVENUE  
BRANDON FL 33510

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

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME LARISCY, B. DANIEL  
STREET ADDRESS 1701 ALEXANDER STREET SOUTH  
CITY-ST-ZIP PLANT CITY FL 33566

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 D ☒ Change ☐ Addition  
NAME LARISCY, B. DANIEL  
STREET ADDRESS 1605 ALEXANDER ST. SOUTH #103  
CITY-ST-ZIP PLANT CITY, FL 33563

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

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

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

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

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 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: B. Daniel Lariscy B. DANIEL LARISCY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-2005 813 752-7262