2005 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)

DOCUMENT # P0400030430

1. Erflity Name



FILED Feb 11, 2005 8:00 am Secretary of State 02-11-2005 90038 004 ***150.00

Main p Address TO ALXANDER STREET SOUTH PLANT CITY PL. 38666 PLANT CITY PL. 38666 PLANT CITY PLA	DAN LARISCY INSURANCE AGENCY, INC.					02-11-2003 30030	150.	.00	
Total ALEXANDER STREET SOUTH TOTAL EXANDER STREET SOUTH SUITE 102 SUITE 102 SUITE 102 SUITE 102 SUITE 103									
2. BICHORD BRYSOF Place ST SOUTH Solito, Apr. 4, etc. 1. Solito, Apr.	Principal Place of Business Mailing Address								
2.	PLANT CITY FL 33566 PLANT CITY FL 33566					8 18		 1	
City Subsect City File City Subsect City Country File City Subsect City Subsect City Subsect City Country File City Country File City File Country File City F	2. Principal Place of Business 3. Mailing Address				LTH				
PLANT CITY FL			1		1:	st MOORE CR2EC)34 (10/04)		
Security Country 6. Name and Address of Current Registered Agent FEMNESS, GERALD L JR. EMMA HEMNESS, P.A. 205 NORTH PARSON AVENUE BRANDON FL 33510 6. The above named ently submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigation of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigation of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigation of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigation of registered agent, or both, in the State of Rorida. I am familiar with, and accept the orbigation of registered agent, or both in the State of Rorida. I am familiar with, and accept the orbigation of registered agent, or both in the State of Rorida. I am familiar with, and accept t			City & State PLANT CITY, FL				·		
Name and Address of Ourman Registered Agent Name Nam	Zip	Country							
HEMNESS, GERALD L JR. EMMA HEMNESS, PASON AVENUE BRANDON FL 33510 City FL Zip Code					7. Name an	d Address of New Register	ed Agent		
EMMA HEMNESS, P.A. 205 NORTH PARSON AVENUE BRANDON FL 33510 City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS,\$150.00 After May 1, 2005 Fee Will Be \$550.00 Added to Fees Plant Fund Contribution \$5,00 May Be Trust Fund Contribution \$4,000 Fee Will Be \$500.00 After May 1, 2005 Fee Will Be \$550.00 After May 1, 2005 Fee Will Be \$550.00 Added to Fees Plant Fund Contribution \$5,00 May Be Trust Fund Contribution \$4,000 Fee Will Be \$500.00 After May 1, 2005 Fee Will Be \$550.00 Added to Fees Plant Fund Contribution \$6,000 Fee Will Be \$500.00 After May 1, 2005 Fee Will Be \$550.00 After May 1, 2005 Fee Will Be \$550.00 Added to Fees Plant Fund Contribution \$6,000 Fee Will Be \$500.00 Added to Fees Plant Fund Contribution \$6,000 Fee Will Be \$		MICOO OFFILE I		Name	Name				
RANDON FL 33510 City FL Zip Code	EMMA HEMNESS, P.A.			Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature treated agent and to the debetable (NOTE Registered Agent signature required when enricible) DATE									
SIGNATURE Signature, treed to protect degree and tells it appearable Affice May 1, 2005 Fee Will Be \$55,0.00 Affice May 1, 2005 Fee Will Be \$55,0.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III INLE LARISCY, B. DANIEL TOTO I ALEXANDER STREET SOUTH PLANT CITY FL 33566 THE NAME SIREET ADDRESS CITY-S1-78P CITY-S1-7							T┗ │ _┈ ┊		
FILE NOW!!! FEE IS,\$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fée Will Be \$550.00 Nake Check Payable to Florida Department of State 10.	SIGNATURE								
After May 1, 2005 Fee Will Be \$550,00 Addition Make Check Payable to Florida Department of State Addition Additio	Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstaling). DATE								
TITLE NAME NAME LARISCY, B. DANIEL 1701 ALEXANDER STREET SOUTH PLANT CITY FL 33566 TITLE NAME NAME NAME NAME NAME NAME NAME NAM	After May 1, 2005 Fee Will Be \$550.00					, -			
NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZI	10.	OFFICERS AND E	DIRECTORS			CHANGES TO OFFICERS A	AND DIRECTORS	S IN 11	
TITLE] =	🔀 Detete	TITLE	D	R Daniel	🔀 Change	Addition	
TITLE		I	,	NAME CIDICI ADDDECC	LAKIBLY,	VANDED ST	SOUTH #	1103	
TITLE				CITY-ST-ZIP	PLANT CIT	14 FL 3356	3	/	
STREET ADDRESS STRE	TITLE		☐ Delete	TITLE		1) / = 335	☐ Change	Addition	
CITY-ST-ZIP				1					
NAME STREET ADDRESS CITY- ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY- ST-ZIP		•		1	•				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE			☐ Change	Addition	
CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP			-	1				•	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP									
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP									
NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP									
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE		☐ Delete	THTLE			☐ Change	Addition	
CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Change Addition NAME STREET ADDRESS CITY-ST-ZIP									
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			-	☐ Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP									
		portify that the information cumplied with t	this filing does not qualify for th		d in Section 119 07/2	(Vi) Florida Statutes I further	certify that the in	nformation	

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.