

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90042 030 ***150.00

DOCUMENT # P04000036166

1. Entity Name
INSTANT INSURANCE, INC.



Principal Place of Business
**336 STREAMVIEW WAY
WINTER SPRINGS, FL 32708**

Mailing Address
**336 STREAMVIEW WAY
WINTER SPRINGS, FL 32708**

20005858



2. Principal Place of Business
1548 SEMINOLA BLVD.

3. Mailing Address
1548 SEMINOLA BLVD.

Suite, Apt. #, etc.
#100

Suite, Apt. #, etc.
#100

01102005 Chg-P CR2E034 (10/03)

City & State
CASSELBERRY, FL

City & State
CASSELBERRY, FL

4. FEI Number
20-0773030

Applied For
Not Applicable

Zip
32707

Country
USA

Zip
32707

Country
USA

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

6. Name and Address of Current Registered Agent

**DAWSON, JEFFREY S.
5728 MAJOR BLVD.
600
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name
KATHRYN V. ROSS
Street Address (P.O. Box Number is Not Acceptable)
1177 LOUISIANA AVE., STE. 101
City
WINTER PARK FL Zip Code
32789

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 *Kathryn V. Ross* **KATHRYN V. ROSS, CPA** **1/13/05**
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BARTELS, DAVID
2780 CAPELLA WAY
THOUSAND OAKS, CA 91362** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BURNETT, KYLE
336 STREAMVIEW WAY
WINTER SPRINGS, FL 32708** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MCCARTHY, MAGGIE
2780 CAPELLA WAY
THOUSAND OAKS, CA 91362** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BARTELS, STEPHANIE
336 STREAMVIEW WAY
WINTER SPRINGS, FL 32708** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KYLE BURNETT
1548 SEMINOLA BLVD. #100
CASSELBERRY, FL 32707** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Tina Burnett
178 Dennison Ct
Winter Springs, FL 32708** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
STEPHANIE BARTELS
1548 SEMINOLA BLVD. #100
CASSELBERRY, FL 32707** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
STEVEN BURNETT
178 DENNISON COURT
WINTER SPRINGS, FL 32708** ☐ Change ☒ Addition

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

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: *Kyle Burnett* **KYLE BURNETT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2005 407-699-5560
Date Daytime Phone #