

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2005 8:00 am
Secretary of State

04-19-2005 90385 014 ***150.00

DOCUMENT # P04000063037

1. Entity Name
DIBELL & ASSOC. INSURANCE SPECIALISTS, INC.



Principal Place of Business
**5206 - 18TH AVENUE E
BRADENTON FL 34208**

Mailing Address
**5206 - 18TH AVENUE E
BRADENTON FL 34208**

00010007



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
551 17th ST. W.

3. Mailing Address
5206 18th Ave. E.

Suite, Apt. #, etc.

City & State
Palmetto, Florida

City & State
Bradenton, FL

Zip
34221

Country
USA

Zip
34208

Country
USA

4. FEI Number
41-2133167

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DIBELL, WARREN
5206 - 18TH AVENUE E
BRADENTON FL 34208**

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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIBELL, WARREN 5206 - 18TH AVENUE E BRADENTON FL 34208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALONE, JACKLYN 1312 - 20TH STREET W BRADENTON FL 34205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Warren Dibell president 03-18-05 941-121-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dexture Phone #