

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067155

Entity Name: STUCKEL INSURANCE INC

FILED
Jun 29, 2005
Secretary of State

Current Principal Place of Business:

8860 TERRENCE CT
BONITA SPRINGS, FL 34135

New Principal Place of Business:

229 WALTON HEATH DR
ATLANTIS, FL 33462

Current Mailing Address:

8860 TERRENCE CT
BONITA SPRINGS, FL 34135

New Mailing Address:

229 WALTON HEATH DR
ATLANTIS, FL 33462

FEI Number: 20-1036477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUCKEL, ANN
8860 TERRENCE CT
BONITA SPRING, FL 34135 US

Name and Address of New Registered Agent:

MANGIAPANI, ANN
229 WALTON HEATH DR
ATLANTIS, FL 33462 US

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.

SIGNATURE: ANN MANGIAPANI

06/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STUCKEL, ANN
Address: 8860 TERRENCE CT
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MANGIAPANI, ANN
Address: 229 WALTON HEATH DR
City-St-Zip: ATLANTIS, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN MANGIAPANI

P

06/29/2005

Electronic Signature of Signing Officer or Director

Date