2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# P04000075098

Entity Name: CMB INSURANCE AGENCY, INC.

Current Principal Place of Business:

22528 LAURELDALE DRIVE
LUTZ, FL 33549

New Principal Place of Business:

4310 WINDING RIVER WAY
LAND O' LAKES, FL 34639

Current Mailing Address:

22528 LAURELDALE DRIVE
LUTZ, FL 33549

New Mailing Address:

4310 WINDING RIVER WAY
LAND O' LAKES, FL 34639

FEI Number: 42-1641614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRICKHOUSE, STANLEY R
22528 LAURELDALE DRIVE
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

BRICKHOUSE, STANLEY R
4310 WINDING RIVER WAY
LAND O' LAKES, FL 34639 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: STANLEY RAY BRICKHOUSE 04/05/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BRICKHOUSE, STANLEY R
Address: 22528 LAURELDALE DRIVE
City-St-Zip: LUTZ, FL 33549

Title: VP ( ) Delete
Name: BRICKHOUSE, NICOLE M
Address: 22528 LAURELDALE DRIVE
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BRICKHOUSE, STANLEY R
Address: 4310 WINDING RIVER WAY
City-St-Zip: LAND O' LAKES, FL 34639

Title: VP (X) Change ( ) Addition
Name: BRICKHOUSE, NICOLE M
Address: 4310 WINDING RIVER WAY
City-St-Zip: LAND O' LAKES, FL 34639

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: STANLEY RAY BRICKHOUSE P 04/05/2005
Electronic Signature of Signing Officer or Director Date