

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083281

FILED
Feb 21, 2005
Secretary of State

Entity Name: IS DIRECT AGENCY, INC.

Current Principal Place of Business:

100 VILLAGE SQUARE CROSSING
SUITE 202
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

100 VILLAGE SQUARE CROSSING
SUITE 202
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 20-1189202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHMOND, BARNEY A
100 VILLAGE SQUARE CROSSING
SUITE 202
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DILLON, CHRISTOPHER J
Address: 8899 MAIN STREET
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: SD () Delete
Name: RICHMOND, BARNEY A
Address: 100 VILLAGE SQUARE CROSSING #202
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD () Delete
Name: TURNER, RICHARD C
Address: 4200 OAK STREET
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: RICHMOND, BARNEY A
Address: 100 VILLAGE SQUARE CROSSING #202
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: CHERRIX, SHERRY L
Address: 100 VILLAGE SQUARE CROSSING #202
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: RICHARD C. TURNER

TD

02/21/2005

Electronic Signature of Signing Officer or Director

Date