2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90535 020 ***150.00

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04282005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000093100

1. Entity Name
VICKI DIAZ INSURANCE & FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
1933 WOODCUT DR LUTZ, FL 33559	1933 WOODCUT DR LUTZ, FL 33559

2. Principal Place of Business	3. Mailing Address
6152 Delancey Station St	PO Box 1279
Suite, Apt. #, etc. 105-B	Suite, Apt. #, etc.
City & State Riverview Fl	City & State Riverview Fl
Zip 33569 Country US	Zip 33568 Country US

4. FEI Number 20-1265789 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, VICKI ANNETTE
1933 WOODCUT DR
LUTZ, FL 33559

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST CLARK, RICHARD 1898 SHORE DR SOUTH - # 104 SOUTH PASADENA, FL 33707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTD - Bruce, James M. 12110 71st St. E. Parrish Fl 34219	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, RICHARD 1898 SHORE DR SOUTH - # 104 SOUTH PASADENA, FL 33707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Diaz, Vicki A. 1933 Woodcut Dr Lutz Fl 33559	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Vicki - Vicki Diaz 4/28/05 8136572282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #