2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State
02-18-2005 90065 001 ***150.00

DOCUMENT # P04000100659

1. Entity Name
INSURANCE SOLUTIONS OF NORTH FLORIDA, INC.

40020050

Principal Place of Business	Mailing Address
5808 NORMANDY BLVD JACKSONVILLE, FL 32205	5808 NORMANDY BLVD JACKSONVILLE, FL 32205

02012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
840 Edgewood Ave South		840 Edgewood Ave South	
Suite, Apt. #, etc.: Ste- 102		Suite, Apt. #, etc.: Ste - 102	
City & State: Jacksonville, FL		City & State: Jacksonville, FL	
Zip: 32205	Country: USA	Zip: 32205	Country: USA

4. FEI Number: 55-0874958 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PETTIGREW, JAMES L
5808 NORMANDY BLVD
JACKSONVILLE, FL 32205

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 840 Edgewood Ave, South Ste-102
City: Jacksonville FL Zip Code 32205

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: James Louis Pettigrew 2-2-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	P PETTIGREW, JAMES L 5808 NORMANDY BLVD JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Pettigrew, James L 840 Edgewood Ave South, Ste-102 Jacksonville, FL 32205	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HANRAHAN, FRANK 5808 NORMANDY BLVD JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Hanrahan, Frank P 840 Edgewood Ave. South, Ste-102 Jacksonville, FL 32205	☒ 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: James Louis Pettigrew Feb 904-389-0422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #