

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

07-29-2005 90012 008 ***150.00

DOCUMENT # P04000132355 1. Entity Name FLORIDA AUTHORIZED INSURANCE AGENCY INC.					
Principal Place of Business 2110 SOUTH FLORIDA AVE. LAKELAND, FL 33801 US			Mailing Address 2110 SOUTH FLORIDA AVE. LAKELAND, FL 33801 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1646608	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALA PARALEGAL INC. 206 LAKE HARRIS DRIVE LAKELAND, FL 33813				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERTSCH, RICKIE C 1864 AVE. Q., SW WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Rickie Bertsch</i>			Date: 7/25/05		
SIGNATURE AND TYPED OR PRINTED NAME OF EACH OFFICER OR DIRECTOR			Daytime Phone #		

00026501



07202005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1646608

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

6. Name and Address of Current Registered Agent

**ALA PARALEGAL INC.
206 LAKE HARRIS DRIVE
LAKELAND, FL 33813**

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

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P **BERTSCH, RICKIE C**
1864 AVE. Q., SW
WINTER HAVEN, FL 33880

☐ Delete ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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SIGNATURE: *Rickie Bertsch*
SIGNATURE AND TYPED OR PRINTED NAME OF EACH OFFICER OR DIRECTOR

Date: **7/25/05**
Daytime Phone # **863 6480123**

ALA Paralegal, Inc.

ATTACHMENT

660 243012
Tax Consulting, Accounting

Problems Resolution

206 Lake Harris Drive
Lakeland, FL 33813
863-648-0123 Fax-863-647-5905
E-Mail: Cooktax@aol.com

June 22, 2005

Secretary of State
Division of Corporations
P.O. Box 6327
Attn: Reinstatement
Tallahassee, FL 32304

RE: Florida Authorized Insurance Agency Inc.. Doc #P04000132355

Dear Sirs/Madams:

We are attaching an Application for Corporation Reinstatement for the above listed Corporation. The UBR's Annual Report was not received for 2004. The taxpayer corporation was under the assumption that our office had filed the reports for them and so did not question the fact that they had not received the UBR. In addition, please note that an accident sent a car through the front glass of the offices damaging the glass doors, windows & roof of the building. Files were filed away for protection from water damage, etc. any paperwork would have been filed away or was misplaced.

Due to not receiving the notice and the damages to their building and any documents that were received then misplaced or filed, taxpayer is requesting that you abate the penalty. We are enclosing our check in the amount of \$150.00 for the regular filing fee.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact my office.

Sincerely,


Thelma Chodazek
Accounts Manager