

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 8:00 am
Secretary of State

01-25-2005 90053 015 ***150.00

DOCUMENT # P04000152590

1. Entity Name
CPALLIANCE INSURANCE SERVICES, INC.



Principal Place of Business
**1509 S FLORIDA AVE
LAKELAND, FL 33803**

Mailing Address
**1509 S FLORIDA AVE
LAKELAND, FL 33803**

00049061



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06282005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

20-1879290

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORRISON, JOSEPH A
3500 S FLORIDA AVE STE 3
LAKELAND, FL 33803**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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 ☐ Delete
NAME **D CARUSO, ANTHONY C**
STREET ADDRESS **629 E HILLSBOROUGH BLVD**
CITY-ST-ZIP **DEERFIELD BCH, FL 33441**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D SMITH, CHAS P**
STREET ADDRESS **1050 LAKE HOLLINGSWORTH DR**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D ASHLEY, FRANK M III**
STREET ADDRESS **2856 CARRIE LN**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D GOLOTKO, PETER C**
STREET ADDRESS **4318 FOREST HILLS DR**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D LUFFMAN, JAMES M**
STREET ADDRESS **1204 EASTON DR**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/29/05 (863) 688-1725