

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90116 025 ***550.00

DOCUMENT # P93000007513

1. Entity Name
ASSOCIATION INSURANCE AGENCY, INC.



Principal Place of Business
10225 ULMERTON RD
SUITE 7B
LARGO, FL 33771

Mailing Address
P.O. BOX 118
DUNEDIN, FL 34697

50054626



2. Principal Place of Business

1395 S. LOTUS DR

3. Mailing Address

Suite, Apt. #, etc.

Suite A

07012005

Chg-P

CR2E034 (10/03)

City & State

DUNEDIN FL

City & State

4. FEI Number

59-3216846

Applied For

Not Applicable

Zip
34698

Country

Florida

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARSENAULT, KENNETH G JR.
10225 ULMERTON RD.
SUITE 2
LARGO, FL 33771

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 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BUCKLES, WILLIAM G JR.
10225 ULMERTON RD, SUITE 78
LARGO, FL 33771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STV
MOORE, EUGENE I
10225 ULMERTON RD, SUITE 78
LARGO, FL 33771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MOORE, EUGENE I
1395 S. LOTUS DR, Suite A
DUNEDIN, FL 34698 ☒ Change ☐ Addition

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

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

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

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/05 727-734-3433, 102
Date Daytime Phone #