


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000009469</b> 1. Entity Name SPACE COAST UNDERWRITERS INSURANCE AGENCY, INC.	
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Principal Place of Business 100 RIALTO PLACE SUITE 450 MELBOURNE, FL 32901 US	Mailing Address 100 RIALTO PLACE SUITE 450 MELBOURNE, FL 32901 US
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**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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<b>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.</b>  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRESCIO, JOSEPH P 100 RIALTO PL SUITE 450 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BILLINGS, SCOTT K 4450 SOJOURN DRIVE, SUITE 500 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SNYDER, DAVID B 4450 SOJOURN DRIVE, SUITE 500 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, NANCY L 100 RIALTO PL SUITE 450 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAULSEN, WILLIAM V 100 RIALTO PL SUITE 450 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>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</b>
<b>SIGNATURE:</b> <u>Joe Crescio</u> <u>7/1/05</u> <u>321-984-2742</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>



07012005 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-3167141	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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