2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90168 002 ***150.00

1. Entity Name ASSOCIATED INDUSTRIES INSURANCE SERVICES, INC.							04-28-200.	3 90108 002	130.00
Principal Place of Business 901 NW 51ST ST. BOCA RATON, FL 33431			Mailing Address P.O. BOX 310704 BOCA RATON, FL 33431 US				エ ののたま	00	
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04212005	Chg-P	CR2E034 (10/03	3)
City & Stat	te		City & State			4. FEI Numb 59-317			Applied For Not Applicable
Zip		Country	Zip	Coun	try	5. Certificate	of Status Desired	□ \$8.75 A Fee Requi	
	6. Name	and Address of Current I	Registered Agent	,	Name	7. Name and	Address of New F	Registered Agent	
SHEBEL, JON L 901 NW 51ST STREET					Street Address (P.O. Box Number is Not Acceptable)				
BOCA RA	TON, FL	33431-0704							
					City			FL Zip Co	ode
	named entit tions of regis		the purpose of changing its	registere	ed office or re	egistered agent, or bo	oth, in the State of Fl	lorida. I am familiar wit	h, and accept
SIGNATURE.		or printed name of registered agent a	nd title if applicable. (NOT	E-Registere	d Agent signature	required when reinstating)		DATE	
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$550.0	9. Election Campa Trust Fund Con	_	ncing	\$5.00 May Be Added to Fees			
10.	155	OFFICERS AND I		11.		ADDITIONS	CHANGES TO OFF	FICERS AND DIRECTO	
TITLE NAME	PD SHEBEL,	JON L	☐ Delete	TITLE				☐ Change	e Addition
STREET ADDRESS CITY-ST-ZIP	BOCA RATON, FL 33431				ET ADDRESS - ST- ZIP				
TITLE	CD	(1014,112 33431	☐ Delete	TITLE				☐ Change	Addition
NAME CARCET ADDRESS	WEST, ROBERT W SS 516 NORTH ADAMS STREET		NAM		-				
STREET ADDRESS CITY-ST-ZIP	1	SSEE, FL 32301			ET ADDRESS - ST-ZIP				
TITLE	D	0.4401451.40	☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS	1	C, MICHAEL JR ENNEDY BLVD., SUITE	1611	NAM. STRE	E Et address				
CITY-ST-ZIP	TAMPA, F			City	-ST-ZIP				
TITLE NAME	T MCGARV	EY, DANIEL J	☐ Delete	TITLE NAMI				Change	e 🔲 Addition
STREET ADDRESS	901 NW 5	1ST STREET		STRE	ET ADDRESS				
CITY-ST-ZIP	 	TON, FL 33431	Пол	+	-ST-ZIP	WCD			
TITLE NAME	VC SPEARM	AN, GUY M III	☐ Oelete	NAMI	£ :	VCD SPEARMAN, GUY		X Change	noitibbA 🔲 🥴
STREET ADDRESS 402 HIGHPOINT DRIVE SUITE A CITY-ST-ZIP COCOA, FL 329266634					402 HIGHPOINT COCOA, FL 329		A		
TITLE	vc		☐ Delete	TITLE		VCD		Change	. Addition
NAME DAVIS, T W STREET ADDRESS 1910 SAN MARCO BLVD								••	
	1 '			NAMI STRE	1 '	DAVIS, T W 1910 SAN MARC	n RI VD		
STREET ADDRESS CITY-ST-ZIP	1910 SAN JACKSON	MARCO BLVD NVILLE, FL 32207	this filling does not qualify fo	STRE	ET ADDRESS] -ST-ZIP	1910 ŠAN MARC JACKSONVILLE,	FL 32207		

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 attachmagn with an address, with all other like empowered.

 11 1/11	// /	

SIGNATURE: Daniel J. McGarvey

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/05

800-866-1600 Daytime Phone #

Date