


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # P93000079576

1. Entity Name
DONALD P. CERENZIO INSURANCE AGENCY, INC.



Principal Place of Business 3726 N. GOLDENROD RD. SUITE 2 WINTER PARK, FL 32792	Mailing Address 3726 N. GOLDENROD RD. SUITE 2 WINTER PARK, FL 32792
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DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0463665

5. Certificate of Status Desired **\$8.75 Add'l Fee Required**

6. Name and Address of Current Registered Agent

CERENZIO, DONALD P
3726 N. GOLDENROD RD.
SUITE 2
WINTER PARK, FL 32792

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CERENZIO, DONALD P 3726 N. GOLDENROD RD., #2 WINTER PARK, FL 32792
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01/24/05-80065-013 150.00

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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)(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 of the corporation or the manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or changed, or on an attachment with an address, with all other titles empowered.

SIGNATURE: Donald P. Cerenzio Date: 1/18/05 Daytime Phone #: 407 671-2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR