

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90018 038 \*\*\*150.00

<b>DOCUMENT # P94000011773</b>	
1. Entity Name <b>ASSOCIATED INSURANCE, INC.</b>	

Principal Place of Business <b>12 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33305</b>	Mailing Address <b>250 JACARANDA DRIVE #110 PLANTATION, FL 33324 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01212005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0469344</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>DUKES, SAMUEL S 250 JACARANDA DRIVE, #110 PLANTATION, FL 33324</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RIFFE, SHARON 7061 N.W. 10TH PLACE PLANTATION, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Sharon Dukes Resident 2/1/5 (954) 566 9999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40018563  
**Division of Corporations****Annual Report**

Document Number

**P94000011773**

Business Entity Name

**ASSOCIATED INSURANCE, INC.**

FEI Number

650469344

FEI Number Status

☐ Applied For ☐ Not Applicable☒ Current

Certificate of Status Desired -

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund  
Contribution☐ Yes ☒ No**Principal Place of Business**

Address

12 E. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

City, State

FT. LAUDERDALE

FL

Zip Code &amp; Country

33305

**Mailing Address**

Address

250 JACARANDA DRIVE

Suite, Apt. #, etc.

#110

City, State

PLANTATION

FL

Zip Code &amp; Country

33324

US

**Name And Address of Registered Agent**

Name (Last, First, Middle, Title)

DUKES

SAMUEL

S

-or- RA Business Name

Address

250 JACARANDA DRIVE, #110

Suite, Apt. #, etc.

City, State

PLANTATION

FL

Zip Code &amp; Country


33324

US

If there is a change in registered agent, the new agent will need to type their name

in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

## Officer/Director Name And Address

Title PVST  
Name (Last, First, Middle, Title) RIFFE SHARON  
-or- Entity Name  
Street Address 7061 N.W. 10TH PLACE  
City, State PLANTATION FL  
Zip Code & Country 33313

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name

#P94000011773

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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