


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000020445		
1. Entity Name BUCHANAN INSURANCE AGENCY INC.		
Principal Place of Business	Mailing Address	
7782 BLAIRWOOD CIRCLE NORTH LAKE WORTH, FL 33467	7782 BLAIRWOOD CIRCLE NORTH LAKE WORTH, FL 33467	



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0478261	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

**BUCHANAN, MICHAEL A
7782 BLAIRWOOD CIRCLE NORTH
LAKE WORTH, FL 33467**

**DO NOT WRITE
IN THIS SPACE**

6. 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.

**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	D
NAME	BUCHANAN, MICHAEL A
STREET ADDRESS	7782 BLAIRWOOD CIRCLE NORTH
CITY-ST-ZIP	LAKE WORTH, FL 33467

TITLE	D
NAME	BUCHANAN, NANCY M.
STREET ADDRESS	7782 BLAIRWOOD CIRCLE NORTH
CITY-ST-ZIP	LAKE WORTH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Michael A. Buchanan President 3-28-05 5616412094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #