2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P94000058947

Entity Name: A+ NAPLES DISCOUNT AUTO INSURANCE, INC.

Current Principal Place of Business:

971 AIRPORT RD N
#5
NAPLES, FL 33942

New Principal Place of Business:

1838 SANTA BARBARA BLVD
NAPLES, FL 34116

Current Mailing Address:

971 AIRPORT RD N
#5
NAPLES, FL 33942

New Mailing Address:

1818 SANTA BARBARA BLVD.
NAPLES, FL 34116

FEI Number: 65-0510607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HOLZINGER, THERESE
Address: 1450 AIRPORT ROAD NORTH
City-St-Zip: NAPLES, FL

Title: VST ( ) Delete
Name: HOLZINGER, WILLIAM L
Address: 1450 AIRPORT RD NORTH
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HOLZINGER, THERESE A
Address: 1838 SANTA BARBARA BLVD
City-St-Zip: NAPLES, FL 34116

Title: VST (X) Change ( ) Addition
Name: HOLZINGER, WILLIAM L
Address: 1838 SANTA BARBARA BLVD
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESE A. HOLZINGER PD 04/30/2005

Electronic Signature of Signing Officer or Director — Date