2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000088927

1. Entity Name
A BETTER DEAL INSURANCE AGENCY OF PORT ST. LUCIE, INC.

Principal Place of Business	Mailing Address
1026 BAYSHORE BLVD. SW PORT SAINT LUCIE, FL 34983 US	1026 BAYSHORE BLVD. SW PORT SAINT LUCIE, FL 34983 US

DO NOT WRITE IN THIS SPACE

01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0543069
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MINACAPELLI, LEONARD
1026 SW BAYSHORE BLVD
PORT ST LUCIE, FL 34953

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	MINACAPELLI, LEONARD JR
STREET ADDRESS	1026 SW BAYSHORE BLVD.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	D
NAME	MINACAPELLI, LEONARD
STREET ADDRESS	957 SW ABINGDON AVE.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: Leonard Minacapelli 1/12/04 772 871-7764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #