2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90253 039 ***150.00

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1. Entity Name
COURT HOUSE SQUARE AUTO INSURANCE & TAGS, INC.

Principal Place of Business	Mailing Address
1400 N STATE RD 7 MARGATE, FL 33063	1400 NORTH STATE ROAD 7 MARGATE, FL 33063 US

04202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0528395 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

VARSALLONE, ROBERTA
1400 N STATE RD 7
MARGATE, FL 33063

7. Name and Address of New Registered Agent

Name: Maria L. Varsallone
Street Address (P.O. Box Number is Not Acceptable): 1400 N. State Rd. 7
City: Margate FL Zip Code 33063

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: Maria L. Varsallone - Maria L. Varsallone 4/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVD VARSALLONE, ROBERT C 1440-B NORTH STATE ROAD 7 MARGATE, FL 33063	☒ Delete	PD Maria L. Varsallone 1400 N. State Rd. 7 Margate, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD VARSALLONE, ROBERTA G 1440-B NORTH STATE ROAD 7 MARGATE, FL 33063	☒ Delete	VP-D Sec T Robert C. Varsallone 1400 N. State Rd. 7 Margate, FL 33063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Robert Varsallone 4-23-05 954 974-0606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #