2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000024633

FILED Jan 17, 2005 Secretary of State

Entity Name: CALDWELL & ASSOCIATES INSURANCE & COUNSELING, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	IGHWAY 17-92), FL 32773			
Current Mailing Address:		New Mailing Address:		
	IGHWAY 17-92 D, FL 32773			
FEI Number	: 59-3318220	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
4240 N. HI	L, ROBERT J IGHWAY 17-92), FL 32773	US		
	named entity se of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
n the State	e of Florida. É	submits this statement for the ic Signature of Registered Ag		ed office or registered agent, or both, Date
in the State	e of Florida. RE: Electron			
in the State SIGNATUI	e of Florida. RE: Electron	ic Signature of Registered Ag	ent	
in the State SIGNATUI	e of Florida. RE: Electron mpaign Financing S AND DIREC	ic Signature of Registered Ag Trust Fund Contribution (). FORS: Delete DBERT	ent	Date
in the State SIGNATUI Election Car OFFICER: Title: Name: Address:	e of Florida. RE: Electron mpaign Financing S AND DIREC P () CALDWELL, RO 1314 WINDSOF LONGWOOD, F VP () CALDWELL, JIN	ic Signature of Registered Ag Trust Fund Contribution (). FORS: Delete DBERT R AVE L 32750 Delete M ST BLVD UNIT 707	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: ROBERT CALDWELL P 01/17/2005