2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000044330

Address:

City-St-Zip:

Entity Name: MACDLIFE PINELLAS LINDERWRITERS INC.

FILED Feb 28, 2005 Secretary of State

y	WALLET AS STABLE CONTRACTOR	110, 1110.		
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
. —	CKSON ST			
1700 TAMPA, F	L 33602 US			
Current M	lailing Address:	New Mailing Addres	s:	
PO BOX 1 TAMPA, F				
FEI Number	:: 59-3328654 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Address of	of New Registered Agent:	
401 E JAC STE. 1700 TAMPA, F	L 33602 US enamed entity submits this statement for the	e purpose of changing its registere	d office or registered agent, or both,	
in the State	e of Florida.			
SIGNATU		t	Dete	
Election Oc	Electronic Signature of Registered A	gent	Date	
Election Car	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P () Delete COLANGELO, KATHY 100 2ND AVE S., STE. 601 ST. PETERSBURG, FL 33701	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete WALKER, CORY T 220 S RIDGEWOOD AVE DAYTONA BEACH, FL 32114	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C () Delete BROWN, HYATT J., 220 S RIDGEWOOD AVE DAYTONA BEACH, FL 32114		(X) Change () Addition JR., THOMAS M (SON ST STE 1700 33602	
Title: Name: Address: City-St-Zip:	SVP () Delete GRAMMIG, LAUREL L. 401 E. JACKSON ST., STE. 1700 TAMPA, FL 33602 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () Delete RILEY, THOMAS E	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: LAUREL L. GRAMMIG VPS 02/28/2005

5900 N. ANDREWS AVE., STE, 300

FT LAUDERDALE, FL 33309