

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000090513

FILED
Apr 25, 2005
Secretary of State

Entity Name: FLORIDA DIVERSIFIED INSURANCE, INC.

Current Principal Place of Business:

787 SE PORT ST. LUCIE BLVD
PORT SAINT LUCIE, FL 34984 US

New Principal Place of Business:

6868 NW JORGENSEN ROAD
PORT SAINT LUCIE, FL 34983 US

Current Mailing Address:

787 SE PORT ST. LUCIE BLVD
PORT SAINT LUCIE, FL 34984 US

New Mailing Address:

5475 NE ST. JAMES DRIVE
SUITE 147
PORT SAINT LUCIE, FL 34983 US

FEI Number: 59-3345427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, MARGARET E
6868 NW JORGENSEN RD
PORT SAINT LUCIE, FL 34983 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: P () Delete
Name: FOWLER, MARGARET E
Address: 6868 NW JORGENSEN RD
City-St-Zip: PT ST LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARGARET E. FOWLER

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

Date