

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000097935

FILED  
Apr 11, 2005  
Secretary of State

Entity Name: FAST & FAIR AUTO INSURANCE INC.

**Current Principal Place of Business:**

2200 49TH ST. N.  
ST PETERSBURG, FL 33710 US

**New Principal Place of Business:**

**Current Mailing Address:**

2200 49TH ST. N.  
ST PETERSBURG, FL 33710 US

**New Mailing Address:**

FEI Number: 59-3367862

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LENAS, MICHAEL  
4010 27TH AVE N  
ST PETERSBURG, FL 33713 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: LENAS, MICHAEL  
Address: 4010 27TH AVE N  
City-St-Zip: ST PETERSBURG, FL

Title: VP ( ) Delete  
Name: LENAS, LORI  
Address: 4010 27TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33713

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: MICHAEL LENAS

PRES

04/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date