

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 22, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P96000037667**

1. Entity Name

**ALL FINANCIAL & INSURANCE CORPORATION**



Principal Place of Business

**9118 MID PINES COURT  
ORLANDO, FL 32819**

Mailing Address

**9118 MID PINES COURT  
ORLANDO, FL 32819**



01302005

No Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3391683**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**PIERCE, JOHN G  
800 N. FERNCREEK AVENUE  
ORLANDO, FL 32803**

**DO NOT WRITE  
IN THIS SPACE**

7. 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

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**

8. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                      |
|----------------|----------------------|
| TITLE          | DPST                 |
| NAME           | KINST, THOMAS A      |
| STREET ADDRESS | 9118 MID PINES COURT |
| CITY-ST-ZIP    | ORLANDO, FL          |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
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| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

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02/22/05-80048-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, 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:**

*Thomas A. Kinst* **THOMAS A. KINST**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

**2/18/05 407-876-5917**

Date

Daytime Phone #