

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000043857

FILED
Jan 24, 2005
Secretary of State

Entity Name: FLORIDA'S INSURANCE CONNECTION, INC.

Current Principal Place of Business:

850 W INDIANTOWN RD
STE B
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

850 W INDIANTOWN RD
STE B
JUPITER, FL 33458

New Mailing Address:

FEI Number: 65-0673544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRIVERS, CLAYTON R
901 PINE TREE LANE
PALM CITY, FL 34990 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: TRAVERS, CHERIE D
Address: 4769 SE ANCHORAGE DR
City-St-Zip: STUART, FL 34997

Title: V () Delete
Name: TRAVERS, CLAYTON R
Address: 901 S.E. PINE TREE LANE
City-St-Zip: PALM CITY, FL 34990

Title: S () Delete
Name: TRAVERS, CLAYTON R JR.
Address: 1554 SW COLLEGE STREET
City-St-Zip: STUART, FL 34997

Title: T () Delete
Name: TRAVERS, TIMOTHY T
Address: 2612 QUAIL TRAIL
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CHERIE D. TRAVERS

PRES

01/24/2005

Electronic Signature of Signing Officer or Director

_____ Date