

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90029 005 ***150.00

DOCUMENT # P96000060897

1. Entity Name

A TO Z INSURANCE AGENCY, INC.



Principal Place of Business

A TO Z INSURANCE AGENCY INC
5220 S STATE RD 7
FT LAUDERDALE FL 33314
US

Mailing Address

A TO Z INSURANCE AGENCY INC
5220 S STATE RD 7
FT LAUDERDALE FL 33314
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0684553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SCHALL, GARY
5220 S. STATE ROAD 7
FT. LAUDERDALE FL 33314~~

Name **ALAN S. FARBMAN** **PRESIDENT**

Street Address (P.O. Box Number is Not Acceptable)
5220 SO. STATE RD 7

City **FT. LAUDERDALE**

FL

Zip Code
33314

8. 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 **ALAN S. FARBMAN** *Alan S. Farbmán*, **PRESIDENT**

3-8-2004

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees -

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FARBMAN, ALAN**
STREET ADDRESS **5220 S STATE RD 7**
CITY-ST-ZIP **FT LAUDERDALE FL 33314**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **ALAN S. FARBMAN**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **SCHALL, GARY**
STREET ADDRESS **5220 S STATE RD 7**
CITY-ST-ZIP **FT LAUDERDALE FL 33314**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **JED A. WALDMAN**
STREET ADDRESS **5220 SO. STATE RD 7**
CITY-ST-ZIP **FT LAUDERDALE, FL 33314**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alan S. Farbmán* **ALAN S. FARBMAN, PRESIDENT** **3-8-2004** **954-327-9030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #