

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90966 003 ***150.00

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04282005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000000872 1. Entity Name SURMAN INSURANCE AGENCY, INC.					
Principal Place of Business 6916 STIRLING ROAD HOLLYWOOD, FL 33024-1840		Mailing Address 6916 STIRLING ROAD HOLLYWOOD, FL 33024-1840			
2. Principal Place of Business 6099 Stirling Road Suite, Apt. #, etc. 102		3. Mailing Address 6099 Stirling Road Suite, Apt. #, etc. 102		4. FEI Number 65-0725660	
City & State DAVIE, FL		City & State DAVIE, FL		Applied For Not Applicable	
Zip 33314		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SURMAN, CATHERINE A 6916 STIRLING ROAD HOLLYWOOD, FL 33024-1840			7. Name and Address of New Registered Agent Name SURMAN, CATHERINE A Street Address (P.O. Box Number is Not Acceptable) 6099 Stirling Road #102 City DAVIE 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			DATE 4/28/05		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SURMAN, CATHERINE A 6916 STIRLING ROAD HOLLYWOOD, FL 330241840	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST surman, Catherine A 6099 Stirling Road #102 DAVIE, FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:			DATE: 4/28/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # 954-894-4015		