

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000007525

FILED
Jan 21, 2005
Secretary of State

Entity Name: FOURTH STREET INSURANCE PROFESSIONALS INC.

Current Principal Place of Business:

5800 4TH STREET NO
ST PETERSBURG, FL 33703 US

New Principal Place of Business:

Current Mailing Address:

5800 4TH STREET NO
ST PETERSBURG, FL 33703 US

New Mailing Address:

FEI Number: 59-3443567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALESKY, PAUL M
1817 16TH STREET NO
ST PETERSBURG, FL 33704 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: VALESKY, PAUL M
Address: 1817 16TH ST N
City-St-Zip: ST PETERSBURG, FL 33704

Title: VTS () Delete
Name: MORGAN, JEANNE
Address: 6279 SUN BLVD 308
City-St-Zip: ST PETERSBURG, FL 33715

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: PAUL VALESKY

Electronic Signature of Signing Officer or Director

OWNE

01/21/2005

Date