2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000023446

1. Entity Name
LOOK INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
441 N DEL PRADO BLVD #6	441 N DEL PRADO BLVD #6
CAPE CORAL, FL 33909	CAPE CORAL, FL 33909

DO NOT WRITE IN THIS SPACE

07042005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0738590	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOOK, GERI
441 N DEL PRADO BLVD # 6
CAPE CORAL, FL 33909

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 7-5-05

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees   In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	DPT
NAME	LOOK, GERI
STREET ADDRESS	3004 SE 8TH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33904

TITLE	VS
NAME	LOOK MANDELBAUM, WENDY
STREET ADDRESS	3004 SE 8TH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33904

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   7-5-05   239-458-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #