2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2005 8:00 am Secretary of State DOCUMENT # P97000061501 04-20-2005 90354 041 ***150.00 1. Entity Name WEBER & ASSOCIATES INSURANCE AGENCY INC. Principal Place of Business Mailing Address 734-10TH STREET WEST 734-10TH STREET WEST 50040910 PALMETTO, FL 34221 PALMETTO, FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3455910 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEBER, RICHARD G. 734-10TH STREET WEST Street Address (P.O. Box Number is Not Acceptable) PALMETTO, FL 34221 Zip Code FL 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Addition TITLE Change NAME WEBER, RICHARD G NAME WEBER, RICHARD G. 738-110th S+ W STREET ADDRESS 518 75TH ST STREET ADDRESS CITY-ST-ZIP HOLMES BEACH, FL CITY-ST-ZIP Palmetto, Fl 34221 DVS Change ☐ Delete TITLE DVS Addition MILLER-WEBER, MARY JO 238-10th S+W MILLER-WEBER, MARY JO NAME NAME STREET ADDRESS 518 75TH ST STREET ADDRESS CITY-ST-ZIP HOLMES BEACH, FL CITY-ST-ZIF Palmetto, F1 3422 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME À STREET ADDRESS STREET ADORESS

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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 cath; 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.

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