

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000068974

1. Entity Name

ASSURED FINANCIAL CORP.



Principal Place of Business

6400 N ANDREWS AVE
SUITE 340
FORT LAUDERDALE FL 33309

Mailing Address

6400 N ANDREWS AVE
SUITE 340
FORT LAUDERDALE FL 33309

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

65-0772925

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

SWEIGART, SCOTT ESO.
6400 N ANDREWS AVE
SUITE 340
FORT LAUDERDALE FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW! FEE IS \$150.00

After May 1, 2005 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

| | | |
|----------------|-------------------------------|--|
| TITLE | D,P | <input type="checkbox"/> Delete |
| NAME | SWEIGART, SCOTT H | |
| STREET ADDRESS | 6400 N ANDREWS AVE, SUITE 340 | |
| CITY- ST- ZIP | FORT LAUDERDALE FL 33309 | |
| TITLE | D,VP | <input type="checkbox"/> Delete |
| NAME | STARK, AMY | |
| STREET ADDRESS | 6400 N. ANDREWS AVE., STE 340 | |
| CITY- ST- ZIP | FORT LAUDERDALE FL 33309 | |
| TITLE | D,VP | <input checked="" type="checkbox"/> Delete |
| NAME | FERMIN, SHARON H | |
| STREET ADDRESS | 6400 N. ANDREWS AVE., STE 340 | |
| CITY- ST- ZIP | FORT LAUDERDALE FL 33309 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | 5/2/05 90463 039 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

Daytime Phone #

OSR... 1/2

FILED

05 OCT 10 AM 9:43

SECRETARY OF STATE



1st MOORE

CR2E034 (10/04)

Assured Financial Corp.

rk

6400 N. Andrews Avenue
Suite 340
Ft. Lauderdale, FL 33309

Telephone: 954.492.5000
Facsimile: 954.492.4529

October 7, 2005

Attn: Michelle Milligan
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314
Phn: 850-245-6056
Fax: 850-245-6017

Re: Document # P97000068974/Assured Financial Corp.

Michelle:

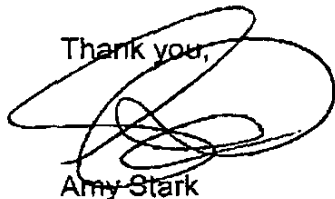
In follow up to your conversation with Candee Susi today of our office, I am writing this letter to confirm that Assured Financial Corp. did file its annual report along with the appropriate fee in a timely manner.

We received our cancelled check and until we received the Notice of Dissolution or Revocation this week, we were unaware that there were any issues.

We are writing this letter to confirm that the Notice that we received just a few days ago was the first notification that we received in regards to this issue. Accordingly, please insure that we are reinstated and that any penalties associated have been waived. Additionally, can you please confirm that there will not be any negative information reported in regards to this matter since we were notified of this issue prior to this week.

Should you need any additional information, please do not hesitate to contact me at 954 492 5000. We appreciate your assistance with this issue.

Thank you,



Amy Stark

Enclosures: Revised 2005 For Profit Corporation Annual Report.