

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90086 032 ***150.00

DOCUMENT # P97000086086

1. Entity Name

KIM VOLE INSURANCE AGENCY, INC.



Principal Place of Business

2990 US HWY 301 N.
ELLENTON FL 34222

Mailing Address

PO BOX 557
ELLENTON FL 34222

2. Principal Place of Business

8169 US HWY 301

3. Mailing Address

Suite, Apt. #, etc.

City & State

PARRISH FL

City & State

Zip

34219

Country

US

Zip

Country

4. FEI Number

65-0789204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOLE, KIM
2990 US HWY 301 N.
ELLENTON FL 34222

7. Name and Address of New Registered Agent

Name

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

8169 US HWY 301

City

PARRISH, FL

FL

Zip Code

34219

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
NAME
DPS
VOLE, KIM
STREET ADDRESS
PO BOX 557
CITY-ST-ZIP
ELLENTON FL 34222 ☐ Delete

TITLE
NAME
VD
HANSEN, MARIE
STREET ADDRESS
131 JACARANDA WAY
CITY-ST-ZIP
PARRISH FL 34219 ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-05 991-776-5900