2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 21, 2005 08:00 AM **Secretary of State** DOCUMENT # P97000102737 1. Entity Name JOHN ADCOCK INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 359 W FLETCHER AVE 313 W FLETCHER AVE TAMPA, FL 33612 TAMPA, FL 33612 CR2E034 (10/03) 03032005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3481155 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADCOCK, MICHAEL DO NOT WRITE 313 W FLETCHER AVENUE TAMPA, FL 33612 IN THIS SPACE 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 reinstaling) 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. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ADCOCK, MICHAEL L NAME STREET ADDRESS 313 W FLETCHER AVENUE CITY-ST-ZIP TAMPA, FL 33612 TITLE U00000270779 NAME 08/21/05-80021-025 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE: _