2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106082

City-St-Zip:

MIAMI LAKES, FL 33014

Entity Name: THOMAS LEDWIDGE INSURANCE AGENCY, INC.

FILED Feb 02, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	RTHWEST 77 KES, FL 33014	TH AVENUE #205			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	RTHWEST 77 KES, FL 33014	TH AVENUE #205 I			
FEI Number	r: 65-0800142	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
6175 NW	GE, THOMAS 153 STREET S KES, FL 33014				
	e named entity e of Florida.	submits this statement for the լ	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	PST (LEDWIDGE, TI 16021 W TRO		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS LEDWDGE PST 02/02/2005