

2005 FOR PROFIT CORPORATION ANNUAL REPORT


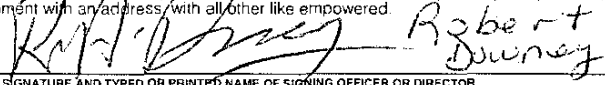
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Jan 14, 2005 8:00 am
Secretary of State

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01072005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000053574					
1. Entity Name FLORIDA INSURANCE DEPOT, INC.					
Principal Place of Business 13100 STATE ROAD 84 DAVIE, FL 33325 US			Mailing Address 13100 STATE ROAD 84 DAVIE, FL 33325 US		
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 65-0880893				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAULSEN, CLAUDETTE 9201 SUNSET STRIP SUNRISE, FL 33322				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	ASIN, HERMAN		TITLE	
NAME				NAME	
STREET ADDRESS		1920 SW 87 TERRACE		STREET ADDRESS	
CITY-ST-ZIP		FT LAUDERDALE, FL 33324		CITY-ST-ZIP	
TITLE	VP	DOWNEY, ROBERT		TITLE	
NAME				NAME	
STREET ADDRESS		N.W. 4333 115TH AVE.		STREET ADDRESS	
CITY-ST-ZIP		CORAL SPRINGS, FL 33065		CITY-ST-ZIP	
TITLE	VP	KIRKMAN, JACK C		TITLE	
NAME				NAME	
STREET ADDRESS		13100 STATE ROAD 84		STREET ADDRESS	
CITY-ST-ZIP		DAVIE, FL 33325		CITY-ST-ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 				1-10-05 (954) 739-6880	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	