

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000055860

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** PERSONET INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

33907 US HWY 19 NORTH  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3436  
HOLIDAY, FL 34690

**New Mailing Address:**

**FEI Number:** 59-3522685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAW, DIANE  
3260 W HILLSBOROUGH AVENUE  
STE 106  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LAW, DIANE  
Address: 3260 W HILLSBOROUGH AVE STE 106  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DIANE LAW

PRES

04/29/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date