


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000069717

1. Entity Name
 CU INSURANCE PROFESSIONALS, INC.



Principal Place of Business 343 LAKE ROAD LAKE MARY, FL 32746	Mailing Address 343 LAKE ROAD LAKE MARY, FL 32746
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03212005 No Chg-P CR2E034 (10/03)

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4. FEI Number 59-3551226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGESON, D. JOHN E JR
 332 N MAGNOLIA AVE
 ORLANDO, FL 32802

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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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KELLGREN, THOMAS 343 LAKE ROAD LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLGREN, KATHRYN D 343 LANE RD LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLGREN, JORDAN L 343 LAKE RD. LAKE MARY, FL 32746
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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: Thomas E. Kelgren Thomas E. Kelgren 3-21-05 407-322-3185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #