


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000105623</b>		
1. Entity Name DAVID R. CURFMAN, LUTCF, P.A.		
Principal Place of Business FARM BUREAU INS. % DAVID CURFMAN 1533 LONG POND DRIVE VALRICO, FL 33594	Mailing Address FARM BUREAU INS. % DAVID CURFMAN 1533 LONG POND DRIVE VALRICO, FL 33594	 04262005 No Chg-P CR2E034 (10/03)
<b>DO NOT WRITE IN THIS SPACE</b>		
4. FEI Number 91-1943241		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent  CURFMAN LUTCF, DAVID R 100 SO. MULRENNAN RD. VALRICO, FL 33594		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		 U000000338513 04/28/05-80040-002 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CURFMAN LUTCF, DAVID R 100 SO. MULRENNAN RD. VALRICO, FL 33594	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S CURFMAN, ANN K 100 S MULRENNAN RD VALRICO, FL 33594	
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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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-28-05 8136855623 <small>Date Daytime Phone #</small>