

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105770

FILED
Feb 07, 2005
Secretary of State

Entity Name: COMMUNITY INSURANCE CONSULTANTS, INC.

Current Principal Place of Business:

533 MAIN ST.
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1370 PINEHURST ROAD
DUNEDIN, FL 34698

New Mailing Address:

533 MAIN STREET
DUNEDIN, FL 34698

FEI Number: 59-3569798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEARNS, JAMES R
1370 PINEHURST ROAD
DUNEDIN, FL 34698 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 (X) Delete
Name: THORNTON, JOSEPH D JR
Address: 533 MAIN STREET
City-St-Zip: DUNEDIN, FL 34698

Title: PST () Delete
Name: THORNTON, JOSEPH D JR
Address: 533 MAIN STREET
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PSTD (X) Change () Addition
Name: THORNTON, JOSEPH D JR
Address: 533 MAIN STREET
City-St-Zip: DUNEDIN, FL 34698

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: JOSEPH D THORNTON

P

02/07/2005

Electronic Signature of Signing Officer or Director

Date