


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000001823		
1. Entity Name JIM BEZDEK INSURANCE AGENCY, INC.		

Principal Place of Business 1978 S TAMiami TRAIL VENICE, FL 34293	Mailing Address 1978 S TAMiami TRAIL VENICE, FL 34293
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0886583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BEZDEK, JIM 1978 S TAMiami TRAIL VENICE, FL 34293	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEZDEK, JIM 1978 S TAMiami TRAIL VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEZDEK, JAMES B 1978 S TAMiami TRAIL VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEZDEK, BARBARA 1978 S TAMiami TRAIL VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEZDEK-WUELLNER, TAMONY 1978 S TAMiami TRAIL VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	Date: 1/12/05	Daytime Phone #: 941/493-5828
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