
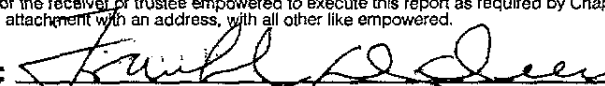


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000028618 1. Entity Name DEESE INSURANCE AGENCY INC.		
Principal Place of Business 725 LAKE GENEVA DRIVE SAINT AUGUSTINE, FL 32092	Mailing Address 725 LAKE GENEVA DRIVE SAINT AUGUSTINE, FL 32092	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DEESE, FRANKLIN D 725 LAKE GENEVA DRIVE SAINT AUGUSTINE, FL 32092		DO NOT WRITE IN THIS SPACE
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>		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OPTS DEESE, FRANKLIN D 725 LAKE GENEVA DRIVE SAINT AUGUSTINE, FL 32092	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-1-2005 Daytime Phone # 904 230 8952



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3574253

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1100000286355
04/04/05-80023-014 150.00

**DO NOT WRITE
IN THIS SPACE**