

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90017 008 ***150.00

DOCUMENT # P99000041125

1. Entity Name
ALL FLORIDA INSURANCE SERVICES, INC.



Principal Place of Business
**3724 BEACH BLVD.
JACKSONVILLE, FL 32207**

Mailing Address
**3724 BEACH BLVD.
JACKSONVILLE, FL 32207**

2. Principal Place of Business
3740 BEACH BLVD.,

3. Mailing Address
3740 BEACH BLVD.

Suite, Apt. #, etc.
SUITE 102 A

City & State
JACKSONVILLE FL.

Zip
32207

Country
USA

11013033



01052004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**MATTHEWS, DONALD W ESQ.
7952 NORMANDY BLVD.
JACKSONVILLE, FL 32221**

7. Name and Address of New Registered Agent

Name
RONALD S. COHEN, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)
3740 BEACH BLVD., SUITE 102 B

City
JACKSONVILLE

FL

Zip Code
32207

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 **(X) Ronald S. Cohen**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
2-24-04

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD POLOVINA, DAVID 2069 LAKESIDE DRIVE JACKSONVILLE BEACH, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HARMON, LOWELL D 8246 RIDING CLUB ROAD JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLOVINA, LINDA T 2069 LAKESIDE DR JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other like empowered.

SIGNATURE: **David E Polovina**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # **904-396-7171**

PLETIDANT

www.sunbiz.org

Division of Corporations

2004 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P99000041125
Business Entity Name	ALL FLORIDA INSURANCE SERVICES, INC.
Original File Date	05/06/1999

2-24-04 - pls change

FEI Number 59-3575404

Principal Address 3724 BEACH BLVD. → 3740 BEACH BLVD., Suite 102A
JACKSONVILLE, FL 32207 JACKSONVILLE FL. 32207Mailing Address 3724 BEACH BLVD. → 3740 BEACH BLVD., Suite 102A
JACKSONVILLE, FL 32207 JACKSONVILLE, FL. 32207Registered Agent ESQ. DONALD W MATTHEWS → RONALD S. COHEN, Esq.
7952 NORMANDY BLVD. 3740 BEACH BLVD., Suite 102A
JACKSONVILLE, FL 32221 US JACKSONVILLE FL. 32207

Officer/Director Name And Address

PTD
DAVID POLOVINA
2069 LAKESIDE DRIVE
JACKSONVILLE BEACH, FL 32207VSD
LOWELL D HARMON
8246 RIDING CLUB ROAD
JACKSONVILLE, FL 32256PD
LINDA T POLOVINA
2069 LAKESIDE DR
JACKSONVILLE BEACH, FL 32250