

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000041125

FILED
May 02, 2005
Secretary of State

Entity Name: ALL FLORIDA INSURANCE SERVICES, INC.

Current Principal Place of Business:

3740 BEACH BLVD
SUITE 102 A
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

3740 BEACH BLVD
SUITE 102 A
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3575404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, RONALD
3740 BEACH BLVD., SUITE 102 B
JACKSONVILLE, FL 32207 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: POLOVINA, DAVID
Address: 2069 LAKESIDE DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32207

Title: VSD () Delete
Name: HARMON, LOWELL D
Address: 8246 RIDING CLUB ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: PD () Delete
Name: POLOVINA, LINDA T
Address: 2069 LAKESIDE DR
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DAVID POLOVINA

P

05/02/2005

Electronic Signature of Signing Officer or Director

Date