
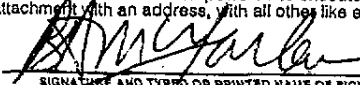


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000091698</b> 1. Entity Name B. A. MCFARLANE INS., INC.			
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">           Principal Place of Business            4976 NORTH PINE ISLAND ROAD            LAUDERHILL, FL 33351         </td> <td style="width: 50%; vertical-align: top;">           Mailing Address            4976 NORTH PINE ISLAND ROAD            LAUDERHILL, FL 33351         </td> </tr> </table>			Principal Place of Business 4976 NORTH PINE ISLAND ROAD LAUDERHILL, FL 33351
Principal Place of Business 4976 NORTH PINE ISLAND ROAD LAUDERHILL, FL 33351	Mailing Address 4976 NORTH PINE ISLAND ROAD LAUDERHILL, FL 33351		
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent  MCFARLANE, BRYAN A 4976 NORTH PINE ISLAND ROAD LAUDERHILL, FL 33351		4. FEI Number 65-0955882	
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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		DATE <b>5/1/05</b> 000000763146 05/05/05-80145-020 150.00	
TITLE	PST	DO NOT WRITE IN THIS SPACE	
NAME	MCFARLANE, BRYAN A		
STREET ADDRESS	4976 N PINE ISLAND RD		
CITY - ST - ZIP	LAUDERDALE, FL 33351		
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY - ST - ZIP			
TITLE			
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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:  Bryan A. McFarlane President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
954-749-7936 <small>Daytime Phone #</small>			