2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2005 8:00 am Secretary of State

					Secretary or State			
1. Entity Nam	MENT # P99000105 NCIAL INSURANCE AGENO			03-28-2005 90082 044 ***150.00				
Principal Place	e of Business	Mailing Address				En	091EEH	1
307 WEST 7TH STREET SUITE 500 FORT WORTH, TX 76102		300 ST. PAUL PLACE BSP10D BALTIMORE, MD 21202		1 1881	IEUI NIE IEUE IEUK EEUK EEUK E		031557	, II
2. Principal Place of Business, 3531 MEACHAM BIXEL		3. Mailing Address Aul Place						
Suite, Apt. #, etc. SULITE 200 City & State		Suite Apt. #, etc. BSP/7D - Legal Dept		031420		CR2E034 (10/03)		
FORT O		BAITIMILE.	, ND	4. FEI N	umber 2856468		Applied Fo Not Applica	
7613	Country	212121	Country .	5. Certif	icate of Status Desired		75 Additional Required	
Name and Address of Current Registered Agent				7. Name	and Address of New	Registered Ager	ıt	
HATCH, JO 840 S.E. 5 OCALA, FI	TH STREET		Street Add	ress (P.O. Box N	lumber is Not Acceptab	ole)		
	·	<u>.</u>	City			FL	Zip Code	
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. Fam familiar with, and accept the obligations of registered agent.								
SIGNATURE								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Agent signature	required when reinstati	ng) .	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					3e	•		
10.	OFFICERS AND I	DIRECTORS	11.	ADDITI	ONS/CHANGES TO OF	FICERS AND DIF	ECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGNELLO, RICHARD C 307 WEST 7TH ST FORT WORTH, TX 76102	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change Add	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KATCH, JOHN D 840 SE ST OCALA, FL 34471	Delete .	NAME STREET ADDRESS CITY-ST-ZIP	SECRETA PRE	TARY LEBORD ACHAM BK		Change Add	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARKIN, PAULA D 307 W 7TH ST FORT WORTH, TX 76102	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change Add	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HIGDON, M D 307 W 7TH ST FORT WORTH, TX 76102	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Jition
TITLE NAME STREET ADDRESS CITY: ST-ZIP	AS JONES, JOHN I 300 ST PAUL PLACE BALTIMORE, MD 21202	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEET SE ERESA BAILIMI	CRETARY M. BASK PAUL PACE RE, M.D.	-) 21202)	Change Add	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, DIANE 307 W 7TH ST FORT WORTH, TX 76102	Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	DIRECT PARREIL BOSI PIE H. WORT	TEAMBER ACMAN BI BIX 161	rd	Change 🔲 Add	dition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

410-332-3069