

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S21824**

1. Entity Name

VLONTIS INSURANCE SERVICES, INC.



Principal Place of Business

716 BIRD BAY DR W  
VENICE FL 34292

Mailing Address

716 BIRD BAY DR W  
VENICE FL 34292

2. Principal Place of Business

3. Mailing Address

Apartment #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0235059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VLONTIS, RICHARD J.  
716 BIRD BAY DR W  
VENICE FL 34292

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILING FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Payment to Florida Department of State**

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: D ☐ Delete  
NAME: VLONTIS, RICHARD J.  
STREET ADDRESS: 716 BIRD BAY DR W  
CITY - ST - ZIP: VENICE FL

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: 1100000284417  
CITY - ST - ZIP: 04/02/05-80005-002 150.00

TITLE: PST ☐ Delete  
NAME: VLONTIS, RICHARD J.  
STREET ADDRESS: 716 BIRD BAY DR W  
CITY - ST - ZIP: VENICE FL

TITLE: ☐ Change ☐ Addition  
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STREET ADDRESS: ☐ Change ☐ Addition  
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CITY - ST - ZIP: ☐ Change ☐ 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 an address with all other like empowered.

SIGNATURE:

*Richard J. Vlontis* Richard J. Vlontis 3/25/05 (941) 488-4862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #