2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S32928 1. Entity Name					Apr 28, 2005 08:00 AM Secretary of State		
INTERNA	TIONAL SPECIALTY UNDE	ERWRITERS, INC.			secretary .	oi state	
Principal Place of Business		Mailing Address					
6621 SOUTHPOINT DR. N. #325 JACKSONVILLE FL 32216 US		6621 SOUTHPOINT DR. N. #325 JACKSONVILLE FL 32216 US				BIT BIBIT BIBIT BYBIT BIBIT BIBITBI II TBBI	
2. Principal Place of Business		3. Mailing Address		·			
Suite, Apt. #. etc.		Suite, Apt #, etc.			1st MOORE CR2E034 (10/04)		
City & State		City & State		4. FEI Number	59-3081043	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	S8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent	Name	7. Name and A	ddress of New Regist	tered Agent	
WILI	BUR, JOHN H., JR.						
662	1 SOUTHPOINT DR. N. #3 KSONVILLE FL 32216	25	Street Add	dress (P.O. Box Number	s 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							
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 Payable to Florida Department			9	. Election Campaign F Trust Fund Contribut		
10.	OFFICERS AN	D DIRECTORS .	11.	ADDITIONS/CI	ANGES TO OFFICER	S AND DIRECTORS IN 11	
TITLE NAME	D WILBUR, JOHN H., JR.	☐ Delete	TETE F NAME			☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	6621 SOUTHPOINT DR. N. #325 JACKSONVILLE FL 32216		STREET ADDRESS CHY-ST-ZIP	0	00000033887 4/28/05-80052	75 2-017 150.00	
THILE		☐ Delete	TIPLE			☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CriY-S1-ZIP	***			
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STREET AODRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition	
name Street address			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	——————————————————————————————————————			
THLE NAME		☐ Delete	TITLE NAME			Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	MILE			Change Addition	
name Street address			NAME STREET ADDRESS				
CITY-ST-ZIP			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 trusted 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 attaching highly an address, with all other like empowered.							
SIGNAT	URE:	John Wicke	r Preside			104-281-2151 Destrine Phone V	
	SIGNATURE AND TYPED O	R PRINTED NAME OF SIGNING OFFICE	H DH DIRECTOR		Date	Deytma Frone ₹	

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