


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # S57038 1. Entity Name MICHAEL P. FEHILY INSURANCE CONSULTANTS, INC.	
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Principal Place of Business 23A WEBB ST. OSPREY, FL 34229 US	Mailing Address 23A WEBB ST. OSPREY, FL 34229 US
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DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0268738	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent FEHILY, MICHAEL P PRES 23A WEBB ST. OSPREY, FL 34229	DO NOT WRITE IN THIS SPACE
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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000221974 02/09/05-80052-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FEHILY, MICHAEL P 23A WEBB ST. OSPREY, FL 34229
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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: Michael Fehily **2-7-05** **941-302-0153**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #