2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S69368

Entity Name: JIM SURPRENANT INSURANCE AGENCY, INC.

FILED Jan 04, 2005 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of I	New Principal Place of Business:	
	LEWOOD ROA A, FL 34223	AD US	1807 ENGLEWOOD ROA ENGLEWOOD, FL 34223		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	LEWOOD RO A, FL 34223	AD US	1807 ENGLEWOOD ROA ENGLEWOOD, FL 34223		
FEI Number	: 65-0273498	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	l Address of C	urrent Registered Agent:	Name and Address of N	Name and Address of New Registered Agent:	
ENGLEW	LEWÓOD RO OOD, FL 3422	3 US	purpose of changing its registered of	fice or registered agent, or both,	
SIGNATUI	RE:				
	Electror	ic Signature of Registered Ac	gent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTS () SURPRENANT, 1807 ENGLEW ENGLEWOOD,	OOD RD	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	V () SURPRENANT, 1807 ENGLEW ENGLEWOOD,	OOD RD.	Title: () Name: Address: City-St-Zip:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM SURPRENANT PRES 01/04/2005