2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005
Secretary of State

DOCUMENT# V25110

Entity Name: INSURANCE AGENCY OF POMPANO, INC.

Current Principal Place of Business:

1817 NE 24TH ST.
LIGHTHOUSE POINT, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

1817 NE 24TH ST.
LIGHTHOUSE POINT, FL 33064 US

New Mailing Address:

FEI Number: 65-0325626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PECORELLA, BARBARA
2490 N. FEDERAL HIGHWAY
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: PECORELLA, VINCENT
Address: 2105 SW 35 AVE.
City-St-Zip: DELRAY AVE., 33

Title: P ( ) Delete
Name: PECORELLA, BARABARA
Address: 2105 SW 35TH AVE.
City-St-Zip: DELRAY BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BARBARA PECORELLA PRES 04/02/2005

Electronic Signature of Signing Officer or Director Date