

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # V44982

1. Entity Name
ROEBUCK ASSOCIATES INSURANCE EXCHANGE, INC.



Principal Place of Business
**7879 PINES BLVD.
PEMBROKE PINES, FL 33024**

Mailing Address
**7879 PINES BLVD.
PEMBROKE PINES, FL 33024**

DO NOT WRITE IN THIS SPACE



02232005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0340289

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROEBUCK, NORMAN
7879 PINES BLVD.
PEMBROKE PINES, FL 33024**

**DO NOT WRITE
IN THIS SPACE**

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. ☐

\$5.00 May Be
Added to Fees

U00000313622
04/18/05-80126-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	ROEBUCK, NORMAN
STREET ADDRESS	7879 PINES BLVD.
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	T
NAME	ROEBUCK, NORMAN
STREET ADDRESS	7879 PINES BLVD.
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	V
NAME	ROEBUCK, TODD
STREET ADDRESS	7879 PINES BLVD.
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Norman Roebuck **NORMAN ROEBUCK**

4/15/05

954 985-8300