FILED
Apr 28, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 622804

1. Entity Name
KEITH O'CONNOR INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
218 S UNIVERSITY DR. PLANTATION, FL 33324	218 S UNIVERSITY DR. PLANTATION, FL 33324

04182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
218 S. University Dr	Same
Suite, Apt #, etc.	Suite, Apt. #, etc. Same
City & State PLANTATION, Fl	City & State
Zip 33324 Country Broward	Zip Country

4. FEI Number 59-1941038 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OCONNOR, BRIAN K
218 S UNIVERSITY DRIVE
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name No Change

Street Address (P.O. Box Number is 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: B K OConnor 4/25/06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	O'CONNOR, BRIAN K.		NAME	
STREET ADDRESS	218 UNIVERSITY DR.		STREET ADDRESS	U00000542734
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	05/10/06--80108-019 150.00
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	O'CONNOR, LINDA K.		NAME	
STREET ADDRESS	218 UNIVERSITY DR.		STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: B K OConnor B K OConnor 4/25/06 9544768861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #