


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 08:00 AM
Secretary of State

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|---|---|---|--|--|--|
| DOCUMENT # F62624 1. Entity Name TOM SYKES INSURANCE AGENCY, INC. | | | |  | |
| Principal Place of Business 1225 NE 16TH AVE OCALA FL 34470 US | | Mailing Address P O BOX 2556 OCALA FL 34478-2556 US | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2193231 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SYKES, THOMAS M 1225 NE 16TH AVE OCALA FL 34478 | | | 7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing \$5.00 May be Added to Fees <input type="checkbox"/> | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SYKES, THOMAS M 1225 NE 16TH AVENUE OCALA FL 34478 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | NOV 03/21/06-80019-004 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SYKES, BERTHA M 1225 NE 16TH AVENUE OCALA FL 34478 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000001462006 03/21/06-80019-004 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Thomas M. Sykes* Thomas M. Sykes 3/6/06 (352) 629-6688