

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90044 046 ***158.75



DOCUMENT # F85922

1. Entity Name

MIKE ELLIOTT INSURANCE AGENCY, INC.

Principal Place of Business

**401 LAKE HOWELL ROAD
 MAITLAND FL 32751-2906**

Mailing Address

**401 LAKE HOWELL ROAD
 MAITLAND FL 32751-2906**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-2192004

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

Zip
32751-5906

Country

Zip
32751-5906

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLIOTT, MICHAEL L
 401 LAKE HOWELL ROAD
 MAITLAND FL 32751**

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **DP** Delete
 NAME: **ELLIOTT, MICHAEL L**
 STREET ADDRESS: **401 LAKE HOWELL ROAD**
 CITY-ST-ZIP: **MAITLAND FL**

TITLE: **TS** Delete
 NAME: **ELLIOTT, JOAN K.**
 STREET ADDRESS: **401 LAKE HOWELL ROAD**
 CITY-ST-ZIP: **MAITLAND FL**

TITLE: **VP** Delete
 NAME: **ELLIOTT, TODD L.**
 STREET ADDRESS: **401 LAKE HOWELL ROAD**
 CITY-ST-ZIP: **MAITLAND FL**

TITLE: **VP** Delete
 NAME: **ELLIOTT, MICHELLE L**
 STREET ADDRESS: **401 LAKE HOWELL RD**
 CITY-ST-ZIP: **MAITLAND FL 32751**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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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: *Michael L Elliott* **MICHAEL L. ELLIOTT** 1/18/06 407-671-1100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #