

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J68708**  
 1. Entity Name  
**A-B-C DENNIS INSURANCE, INC.**



Principal Place of Business      Mailing Address  
**1022 LAND O LAKES BLVD.**      **1022 LAND O LAKES BLVD.**  
**LUTZ, FL 33549 US**              **LUTZ, FL 33549 US**



01252007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3461373</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent

**DENNIS, BRIAN E PRES**  
**1022 LAND O LAKES BLVD.**  
**LUTZ, FL 33549**

6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$350.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENNIS, PAIGE M VP 1022 LAND O LAKES BLVD. LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT DENNIS, BRIAN E. 1022 LAND-O-LAKES BLVD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000650469  
 03/08/07-80014-025 150.00

DO NOT WRITE IN THIS AREA

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: Paige M. Dennis      Date: 2-22-07      Daytime Phone #: 949-7765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR