

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAR -1 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P01000091928</b> 1. Entity Name <b>CAREFREE INSURANCE SERVICES, INC.</b>	
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Principal Place of Business <b>300 SOUTH PARK RD HOLLYWOOD, FL 33021</b>	Mailing Address <b>2828 CROASDAILE DRIVE DURHAM, NC 27705</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country



01182006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2750548</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILKINSON, CATHI C 215 S. MONROE ST., 2ND FLOOR TALLAHASSEE, FL 32301</b>	7. Name and Address of New Registered Agent Name <b>CT Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b>  City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</b>

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.

**DALE W. MORRIS**  
 ASSISTANT VICE PRESIDENT

SIGNATURE: *Dale W. Morris* DATE: 2/10/06

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>VANNOTE, ARTHUR J</b> <b>399 N.W. 87TH TERR.</b> <b>CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>400067975304</b> 03/15/06 01020 020 \$12250.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>WEGNER, ANITA S</b> <b>2828 CROASDAILE DRIVE</b> <b>DURHAM, NC 27705</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SCOTT, CHASE MARTIN</b> <b>271 COCONUT PALM RD</b> <b>BOCA RATON, FL 33432</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Gregory D. Hardy</b> <b>1501 NW 49th St, Suite 130</b> <b>Ft Lauderdale, FL 33309</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Addition
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"/> Addition
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"/> Addition

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: *Anita S. Wegner* **Anita S. Wegner, Secretary 0247-6954 714 6300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #