


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000075940**

1. Entity Name  
**C. PEDUTO INSURANCE AGENCY, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>7108 FAIRWAY DR<br/>         250<br/>         PALM BEACH GARDENS FL 33418</b> | Mailing Address<br><b>7108 FAIRWAY DR<br/>         250<br/>         PALM BEACH GARDENS FL 33418</b> |
|---|---|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>7108 FAIRWAY DR.</b> | 3. Mailing Address<br><b>7108 FAIRWAY DR.</b> |
| Suite, Apt. #, etc.<br><b>250</b>   | Suite, Apt. #, etc.<br><b>250</b>             |

1st MOORE CR2E034 (10/06)

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| City & State<br><b>P.B.G. FL.</b> | City & State<br><b>P.B.G. FL.</b> |
| Zip<br><b>33418</b>               | Country<br><b>P.B.</b>            |

|  |  |
|--|--|
| 4. FEI Number<br><b>20-1120803</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**PEDUTO, CATHERINE  
 7108 FAIRWAY DR  
 #250  
 PALM BEACH GARDENS FL 33418**

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's signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>PEDUTO, CATHERINE<br>2127 10TH ST N<br>LAKE WORTH FL 33461<br><input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>PEDUTO, PATRICK J<br>2127 10TH ST N<br>LAKE WORTH FL 33461<br><input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 03/02/07-80024-004 150.00

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 signaturo 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: Catherine Peduto 2/22/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #