

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062893

FILED  
Jan 20, 2006  
Secretary of State

Entity Name: MATRIX INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

9016 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

9016 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 13-4299402      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PEREZ, RALPH  
9016 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32256      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES ( ) Change (X) Addition  
Name: NOBLES, JACOB  
Address: 9016 PHILLIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP ( ) Change (X) Addition  
Name: PEREZ, WILLIAM  
Address: 9016 PHILLIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP ( ) Change (X) Addition  
Name: SPADAFORA, JEFFREY  
Address: 9016 PHILLIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM PEREZ

CFO

01/20/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date