

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057116

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: CF INSURANCE SERVICES, INC.

## Current Principal Place of Business:

218 SOUTH LAKE AVENUE  
APOPKA, FL 32703 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1189  
APOPKA, FL 32704 US

## New Mailing Address:

FEI Number: 59-3260662      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DECLUE, LESTER  
13724 COUNTRY CLUB DR  
TAVARES, FL 32778 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: PD ( ) Delete  
Name: DECLUE, LESTER  
Address: 13724 COUNTRY CLUB DR  
City-St-Zip: TAVARES, FL 32778

Title: SD ( ) Delete  
Name: DECLUE, CHRISTOPHER  
Address: 218 SOUTH LAKE AVENUE  
City-St-Zip: APOPKA, FL 32703

Title: TD ( ) Delete  
Name: ST GERMAIN, MELINDA  
Address: 3408 KILMARNOCK DR  
City-St-Zip: APOPKA, FL 32712

Title: VD ( ) Delete  
Name: DECLUE, SUE ANN  
Address: 13724 COUNTRY CLUB DR  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: DECLUE, JONATHAN  
Address: 218 SOUTH LAKE AVENUE  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: DECLUE, MATTHEW  
Address: 218 SOUTH LAKE AVENUE  
City-St-Zip: APOPKA, FL 32703

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LESTER DECLUE

PD

04/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date