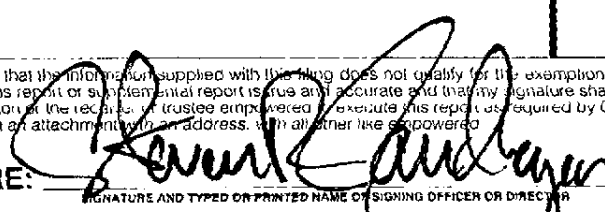


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000022972		
1. Entity Name SANDBERGEN INSURANCE, INC.		
Principal Place of Business 2121 NE COACHMAN ROAD CLEARWATER, FL 33765	Mailing Address 2121 NE COACHMAN ROAD CLEARWATER, FL 33765	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SANDBERGEN, STEVEN R 2121 NE COACHMAN ROAD CLEARWATER, FL 33765		DO NOT WRITE IN THIS SPACE
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 _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining agent.)		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY ST ZIP	D SANDBERGEN, STEVEN R 2121 NE COACHMAN ROAD CLEARWATER, FL 33765	
TITLE NAME STREET ADDRESS CITY ST ZIP	D RICHARDSON, GREGORY W 2121 NE COACHMAN ROAD CLEARWATER, FL 33765	
TITLE NAME STREET ADDRESS CITY ST ZIP		
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TITLE NAME STREET ADDRESS CITY ST ZIP		
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 recipient of 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		02/13/06 72744200



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3497275** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

1100000438903
02/01/06-80026-022 150.00

**DO NOT WRITE
IN THIS SPACE**

Steven R. Sandbergen, Director