

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G66465

FILED  
Jan 09, 2006  
Secretary of State

Entity Name: PARK AVENUE INSURANCE AGENCY INCORORATED

**Current Principal Place of Business:**

2723 SOUTH WESTMORELAND DRIVE  
ORLANDO, FL 32805 US

**New Principal Place of Business:**

**Current Mailing Address:**

2723 SOUTH WESTMORELAND DRIVE  
ORLANDO, FL 32805 US

**New Mailing Address:**

FEI Number: 59-2343384

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMPSON, BRAD  
2723 SOUTH WESTMORELAND DRIVE  
ORLANDO, FL 32805 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: P ( ) Delete  
Name: THOMPSON, BRAD  
Address: 2723 SOUTH WESTMORELAND DRIVE  
City-St-Zip: ORLANDO, FL

Title: VP ( ) Delete  
Name: THOMPSON, SHEILA  
Address: 2723 SOUTH WESTMORELAND DRIVE  
City-St-Zip: ORLANDO, FL

Title: V ( ) Delete  
Name: DICKERSON, ALYSIA  
Address: 6710 DANCY COURT  
City-St-Zip: ORLANDO, FL 32819

Title: V ( ) Delete  
Name: THOMPSON, DERRICK  
Address: 2723 SOUTH WESTMORELAND DRIVE  
City-St-Zip: ORLANDO, FL 32805 US

**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:

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: BRADLEY THOMPSON

P

01/09/2006

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

\_\_\_\_\_  
Date