

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90241 013 \*\*\*150.00

**DOCUMENT # 579031**

1. Entity Name  
**INSURADYNE CORP.**



Principal Place of Business  
**755 RINEHART ROAD  
P.O. BOX 958402  
LAKE MARY, FL 32795-5402**

Mailing Address  
**755 RINEHART ROAD  
P.O. BOX 958402  
LAKE MARY, FL 32795-5402**



04172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**63-0761784**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SILL, STEPHEN M  
755 RINEHART RD  
LAKE MARY, FL 32746**

**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 reinstating)

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 C  
NAME QUIST, GEORGE R  
STREET ADDRESS 4491 WANDER LANE  
CITY-ST-ZIP SALT LAKE CITY, UT 84117

TITLE TV  
NAME SILL, STEPHEN M  
STREET ADDRESS 5300 S. 360 W. - SUITE 200  
CITY-ST-ZIP SALT LAKE CITY, UT 84123

TITLE PD  
NAME QUIST, SCOTT M  
STREET ADDRESS 7 WANDERWOOD WAY  
CITY-ST-ZIP SANDY, UT 84092

TITLE D  
NAME CRITTENDEN, CHARLES  
STREET ADDRESS 2334 FILMORE AVE  
CITY-ST-ZIP OGDEN, UT 84401

TITLE D  
NAME MOODY, HOWARD C  
STREET ADDRESS 1782 E FAUNSDALE DR  
CITY-ST-ZIP SANDY, UT 84092

TITLE VSD  
NAME QUIST, G. ROBERT  
STREET ADDRESS 5300 S. 360 W. - SUITE 200  
CITY-ST-ZIP SALT LAKE CITY, UT 84123

**DO NOT WRITE  
IN THIS SPACE**

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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DIANA C. OLSON**

**VICE PRESIDENT/CONTROLLER**

**4-18-06**

**(801) 264-1060**