

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 155273

FILED
Feb 05, 2006
Secretary of State

Entity Name: SCHULTHEIS INSURANCE AGENCY, INC.

Current Principal Place of Business:

635 A BEVILLE RD.
DAYTONA BCH, FL 32119 US

New Principal Place of Business:

1400 HAND AVENUE
SUITE D
ORMOND BCH, FL 32174 US

Current Mailing Address:

635 A BEVILLE RD.
DAYTONA BCH, FL 32119 US

New Mailing Address:

1400 HAND AVENUE
SUITE D
ORMOND BCH, FL 32174 US

FEI Number: 59-0590840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, E. DAVID
635 A BEVILLE RD.
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

COOPER, RICHARD S
1400 HAND AVENUE
SUITE D
ORMOND BCH, FL 32174 US

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: RICHARD S. COOPER

02/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: WILLIAMS, NINA C.,
Address: 635 A BEVILLE
City-St-Zip: DAYTONA BEACH, FL

Title: STD () Delete
Name: WILLIAMS, EDWARD,
Address: 635 A BEVILLE
City-St-Zip: DAYTONA BEACH, FL

Title: P () Delete
Name: WILLIAMS, E DAVID
Address: 635 BEVILLE RD
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VP (X) Delete
Name: HEBERT, HELEN W
Address: 635 BEVILLE RD
City-St-Zip: DAYTONA BEACH, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COOPER, RICHARD S
Address: 1400 HAND AVENUE, SUITE D
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPST (X) Change () Addition
Name: SILVA, ANDREA M
Address: 1400 HAND AVENUE, SUITE D
City-St-Zip: DAYTONA BEACH, FL 32174

Title: VP (X) Change () Addition
Name: COOPER, RICHARD S II
Address: 1400 HAND AVENUE, SUITE D
City-St-Zip: ORMOND BEACH, FL 32174

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: RICHARD S. COOPER

P

02/05/2006

Electronic Signature of Signing Officer or Director

Date