

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90294 006 ***150.00



DOCUMENT # 165570
 1. Entity Name
INSURANCE BUREAU, INC.

Principal Place of Business
 1515 N. WESTSHORE BLVD.
 P.O. BOX 31087
 TAMPA, FL 33631

Mailing Address
 1515 N. WESTSHORE BLVD.
 P.O. BOX 31087
 TAMPA, FL 33631

40087721



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04042006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
59-0660431

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

O'BRIEN, THOMAS E
 1515 N WESTSHORE BLVD
 TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	SHARP, ROBERT R	
STREET ADDRESS	18710 PEPPER PIKE LANE	
CITY-ST-ZIP	LUTZ, FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	POTTS, CINDY	
STREET ADDRESS	700 MARGO DRIVE, N.E.	
CITY-ST-ZIP	ST. PETERSBURG, FL 337022749	
TITLE	V	<input type="checkbox"/> Delete
NAME	TOMLIN, JOHN A	
STREET ADDRESS	18008 CLEAR LAKE DR.	
CITY-ST-ZIP	LUTZ, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	O'BRIEN, THOMAS E	
STREET ADDRESS	315 INNER HARBOUR CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MCKEE, ROBERT A	
STREET ADDRESS	2916 CYPRESS RIDGE	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOS Bakewell, Kevin W.	
STREET ADDRESS	12594 92nd way north	
CITY-ST-ZIP	Largo, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 Date Daytime Phone #