2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006
Secretary of State

DOCUMENT# 285601

Entity Name: POPPELL INSURANCE, INC.

Current Principal Place of Business:

503 W MARTIN L. KING BLVD
PLANT CITY, FL 33566 US

New Principal Place of Business:

Current Mailing Address:

P O DR QQ
PLANT CITY, FL 33564 US

New Mailing Address:

FEI Number: 59-1084821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POPPELL, ELEANOR C
2807 WEDGEWOOD DR
PLANT CITY, FL 33567 US

Name and Address of New Registered Agent:

POPPELL, ELEANOR C
725 W RUSSELL DR
PLANT CITY, FL 33563 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: ELEANOR POPPELL 02/20/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POPPELL, ELEANOR C
Address: 1475 WALDEN OAKS PLACE
City-St-Zip: PLANT CITY, FL 33566

Title: VPT ( ) Delete
Name: POPPELL, MARK S.
Address: 2703 LAUREL OAK DR
City-St-Zip: PLANT CITY, FL 33567

Title: VPS ( ) Delete
Name: POPPELL, JON T.
Address: 511 E. TRAPNELL RD
City-St-Zip: PLANT CITY FL, 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: POPPELL, ELEANOR C
Address: 725 W. RUSSELL DR
City-St-Zip: PLANT CITY, FL 33563

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: ELEANOR POPPELL P 02/20/2006
Electronic Signature of Signing Officer or Director Date