

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 285601

FILED  
Jan 30, 2007  
Secretary of State

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  
725 W RUSSELL DR  
PLANT CITY, FL 33563 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: POPPELL, ELEANOR C  
Address: 725 W. RUSSELL DR  
City-St-Zip: PLANT CITY, FL 33563

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: ( ) 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: ELEANOR C. POPPELL

P

01/30/2007

Electronic Signature of Signing Officer or Director

Date