

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 437695

1. Entity Name

FLORIDA SUNCOAST INSURANCE AGENCY, INC.



Principal Place of Business

600 BYPASS RD
SUITE 206
CLEARWATER, FL 33764 US

Mailing Address

PO BOX 5227
CLEARWATER, FL 33758 US



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1486308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FOSTER, LAWRENCE E.
1372 HERCULES AVE. S.
CLEARWATER, FL 34624

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
FOSTER, LAWRENCE E.
1372 HERCULES AVE. S.
CLEARWATER, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
IVANY, SARA F.
PO BOX 5227
CLEARWATER, FL 33758

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

000000419877
02/15/06-80026-006 150.00

**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
LAWRENCE E. FOSTER

01/31/06 (727) 796-6566

Date Daytime Phone #