

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 611219

1. Entity Name
 CLOSSON INSURANCE AGENCY, INC.



Principal Place of Business
 221 NE IVANHOE BLVD
 SUITE 300
 ORLANDO, FL 32804-6488 US

Mailing Address
 P.O. BOX 547275
 SUITE 300
 ORLANDO, FL 32854 US



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1892513 Applied For Not Applicable

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

5. Name and Address of Current Registered Agent

CLOSSON, RODNEY
 221 N IVANHOE BLVD.
 ORLANDO, FL 32804

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 retreating)

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

00000503878
 04/26/06-80043-023 150.00

10. OFFICERS AND DIRECTORS

TITLE P
 NAME CLOSSON, RODNEY E.
 STREET ADDRESS 221 NE IVANHOE BLVD, SUITE 300
 CITY-ST-ZIP ORLANDO, FL

TITLE ST
 NAME CLOSSON, NANCY R
 STREET ADDRESS 221 NE IVANHOE BLVD, SUITE 300
 CITY-ST-ZIP ORLANDO, FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 information.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06

Date

Daytime Phone #

407-298-2211