


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 658825	
1. Entity Name FAIRCHILD, ADDISON & MCKONE INSURANCE, INC.	

Principal Place of Business 10218 WOODBERRY ROAD SUITE B TAMPA, FL 33619	Mailing Address PO BOX 1030 BRANDON, FL 33509
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1976079	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FAIRCHILD, FRANK JAMES 5305 ROBERTA LANE TAMPA, FL 33617

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C FAIRCHILD, FRANK JAMES 5305 ROBERTA LANE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MCKONE, ELIZABETH 7224 HANCOCK STREET RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD FAIRCHILD, DONNA KAY 5305 ROBERTA LANE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ADDISON, LAURA 9509 ALICE LN RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/12/06-80007-008 158.75

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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: Elizabeth McKone 1/9/06 813-681-4893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #