

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 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**



02212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1976079**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FAIRCHILD, FRANK JAMES  
5305 ROBERTA LANE  
TAMPA, FL 33617**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	FAIRCHILD, FRANK JAMES
STREET ADDRESS	5305 ROBERTA LANE
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	VSD
NAME	MCKONE, ELIZABETH
STREET ADDRESS	7224 HANCOCK STREET
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	PTD
NAME	FAIRCHILD, DONNA KAY
STREET ADDRESS	5305 ROBERTA LANE
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	V
NAME	ADDISON, LAURA
STREET ADDRESS	9509 ALICE LN
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000664039  
03/22/07-80025-023 158.75

**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: Elizabeth McKone  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/07

Date

813-681-4893

Daytime Phone #