2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State
02-03-2006 90016 047 ***150.00

DOCUMENT # 667651

1. Entity Name
INSURANCE SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
106 W 6TH AV P. O. BOX 1040 WINDERMERE, FL 34786	106 W 6TH AV P. O. BOX 1040 WINDERMERE, FL 34786

01162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2711 OLD WINTER GARDEN RD Suite, Apt. #, etc.	PO Box 1040 Suite, Apt. #, etc.
City & State: OCOEE FL	City & State: WINDERMERE FL
Zip: 34761 Country: U.S.A.	Zip: 34786-1040 Country: USA

4. FEI Number: 58-1396030 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERGUSON, FRANK B 7547 SOMERSET SHORES CT. ORLANDO, FL 32819	Name: Colin F. Galloway Street Address (P.O. Box Number is Not Acceptable): 395 Brissie Dr. City: Longwood FL Zip Code: 32750

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: Frank B. Ferguson 1-27-06
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FERGUSON, FRANK B 7547 SOMERSET SHORES CT ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman Frank B. Ferguson 7547 Somerset Shores Ct. Orlando, Fl. 32819	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Colin F. Galloway 395 Brissie Dr. Longwood, Fl. 32750	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Laura M. Galloway 395 Brissie Drive Longwood, Fl. 32750	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 1-26-06 (407) 876-4447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #