

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90033 005 \*\*\*\*61.25

**DOCUMENT # 754390**

1. Entity Name

**INDEPENDENT INSURANCE AGENTS OF CENTRAL  
FLORIDA, INC.**



Principal Place of Business

**845 N. FERNCREEK AVENUE  
ORLANDO FL 32803**

Mailing Address

**845 N. FERNCREEK AVENUE  
ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-6153230**

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

**MUNNS, JANE T.  
845 N. FERNCREEK AVENUE  
ORLANDO FL 32803**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Jane T. Munns* **JANE T. MUNNS**

**1-20-06**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **ED** ☐ Delete  
NAME **MUNNS, JANE T.**  
STREET ADDRESS **845 N. FERNCREEK AVE.**  
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **P** ☐ Delete  
NAME **BUCKNER, STEVEN E**  
STREET ADDRESS **5639 HANSEL AVE**  
CITY-ST-ZIP **ORLANDO FL 32854**

TITLE **PE** ☐ Delete  
NAME **PRESTON, STEVEN R**  
STREET ADDRESS **800 N. MAGNOLIA AVE #1600**  
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **VP** ☐ Delete  
NAME **PRESTON, STEVEN R**  
STREET ADDRESS **800 N MAGNOLIA EV #1600**  
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **VP** ☐ Delete  
NAME **MANGAN, KEVIN**  
STREET ADDRESS **2315 CURRY FORD RD**  
CITY-ST-ZIP **ORLANDO FL 32802**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ED** ☐ Change ☐ Addition  
NAME **Munns, Jane T.**  
STREET ADDRESS **845 N. Ferncreek Ave.**  
CITY-ST-ZIP **Orlando, FL 32803**

TITLE **P** ☐ Change ☐ Addition  
NAME **Preston, Steven R.**  
STREET ADDRESS **800 N. Magnola Ave, #1600**  
CITY-ST-ZIP **Orlando, FL 32803**

TITLE **PE** ☐ Change ☐ Addition  
NAME **Mangan, Kevin**  
STREET ADDRESS **2315 Curry Ford Rd**  
CITY-ST-ZIP **Orlando, FL 32809**

TITLE **VP** ☐ Change ☐ Addition  
NAME **Marshall, Karen**  
STREET ADDRESS **2000 Universal Studios Plaza#625**  
CITY-ST-ZIP **Orlando, FL 32819**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:

*Jane T. Munns* **JANE T. MUNNS - EXECUTIVE DIRECTOR** **1-20-06** **407898-0461**