

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F62624</b> <small>1. Entity Name</small> <b>TOM SYKES INSURANCE AGENCY, INC.</b>					
<small>Principal Place of Business</small> <b>1225 NE 16TH AVE</b> <b>OCALA FL 34470</b> <b>US</b>			<small>Mailing Address</small> <b>P O BOX 2556</b> <b>OCALA FL 34478-2556</b> <b>US</b>		
<small>2. Principal Place of Business</small> Suite, Apt. #, etc.			<small>3. Mailing Address</small> Suite, Apt. #, etc.		
<small>City &amp; State</small>			<small>City &amp; State</small>		
<small>Zip</small>		<small>Country</small>		<small>4. FEI Number</small> <b>59-2193231</b> <small>Applied For</small> <small>Not Applicable</small>	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<small>1st MOORE</small> <b>CR2E034 (10/05)</b>	
<small>6. Name and Address of Current Registered Agent</small> <b>SYKES, THOMAS M</b> <b>1225 NE 16TH AVE</b> <b>OCALA FL 34478</b>				<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<small>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</small>					
<small>SIGNATURE</small> _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small> <small>(NOTE: Registered Agent signature required when re-qualifying)</small> <small>DATE</small> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<small>9. Election Campaign Financing</small> <b>\$5.00 May</b> <small>Trust Fund Contribution.</small> <input type="checkbox"/> <b>Added to Fees</b>	
<small>10. OFFICERS AND DIRECTORS</small>			<small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>PD</b> <b>SYKES, THOMAS M</b> <b>1225 NE 16TH AVENUE</b> <b>OCALA FL 34478</b>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<div style="text-align: center;"> <b>NOV 03 03/20/06 80010-004 150.00</b> </div>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>STD</b> <b>SYKES, BERTHA M</b> <b>1225 NE 16TH AVENUE</b> <b>OCALA FL 34478</b>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<div style="text-align: center;"> <b>NOV 03 03/21/06 80019-004 150.00</b> </div>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add	
<small>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 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.</small>					
<b>SIGNATURE:</b> <i>Thomas M. Sykes</i> <b>Thomas M. Sykes</b> <b>3/6/06 (352) 629-6688</b>					