

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90059 027 ***150.00

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01082007 Chg-P CR2E034 (12/06)

DOCUMENT # F93000001227 1. Entity Name ECONOMIC GROUP INSURANCE SERVICES, INC.					
Principal Place of Business 831 W. MORSE BLVD. WINTER PARK, FL 32789			Mailing Address 831 W. MORSE BLVD. WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box # 1801 Lee Road		3. Mailing Address 1801 Lee Road			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300			
City & State Winter Park FL		City & State Winter Park FL			
Zip 32789		Country U.S.A.		4. FEI Number 38-2323573	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KIRCHNER, MICHAEL J 831 W MORSE WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1801 Lee Road Suite 300 City Winter Park FL Zip Code 32789		
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: <u><i>Michael Kirchner</i></u> 1/8/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DCPS KIRCHNER, MICHAEL 1500 ALABAMA WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT KIRCHNER, MICHAEL 1500 ALABAMA WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Michael Kirchner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/8/07</u> Daytime Phone # <u>407-740-5550</u>		