

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90384 023 ***150.00

DOCUMENT # F98000004590

1. Entity Name
CIC INSURANCE BROKERS, INC.



Principal Place of Business
1240 NORTH LAKEVIEW AVENUE
SUITE #250
ANAHEIM, CA 92807

Mailing Address
1240 NORTH LAKEVIEW AVENUE
SUITE #250
ANAHEIM, CA 92807

60023204



2. Principal Place of Business
8225 FM 707 S

3. Mailing Address
8225 FM 707 S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182006 Chg-P CR2E034 (11/05)

City & State
ABILENE TX

City & State
ABILENE TX

4. FEI Number
95-3212029

Applied For
Not Applicable

Zip
79602

Country
USA

Zip
79602

Country
USA

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

6. Name and Address of Current Registered Agent

REED, MARIA C
114 WOODRIDGE TRAIL
SANFORD, FL 32771

7. Name and Address of New Registered Agent

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

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	PD	<input type="checkbox"/> Delete
NAME	KELLY, CHARLES T	
STREET ADDRESS	20435 VIA CADIZ	
CITY-ST-ZIP	YORBA LINDA, CA 92886	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KELLY, CAROL A	
STREET ADDRESS	20435 VIA CADIZ	
CITY-ST-ZIP	YORBA LINDA, CA 92886	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

Charles T Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-06 325-673-8000

Date

Daytime Phone #